



**INJURY ATTENDANCES ACROSS  
LANCASHIRE ACCIDENT AND EMERGENCY  
DEPARTMENTS  
2012/13**

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## Contents

1. Report summary .....	5
1.1 Introduction .....	5
1.2 Methods.....	6
Data access and patient confidentiality.....	6
Data analyses .....	7
Data reliability and constraints .....	7
1.3 Key findings.....	9
Injuries across Lancashire .....	9
Injury groups .....	9
Accident and Emergency Departments .....	10
Data collection, completion rates and data quality.....	10
Data sharing and usage.....	10
1.4 Summary .....	10
PART 1 .....	11
2. All injuries across Lancashire .....	11
2.1 Demographics .....	11
2.2 Peak times.....	15
2.3 Attendance information.....	16
Location.....	16
Source of referral .....	17
Mode of arrival.....	18
Disposal .....	18
2.4 At-risk groups .....	19
2.5 Attendees’ location of residence .....	22
3. Injury groups .....	24
3.1 Assault.....	24
3.2 Deliberate Self-Harm .....	32
3.3 Fall.....	37
3.4 Road Traffic Collision.....	44
3.5 Sport.....	50

4. Lancashire Accident and Emergency Departments .....	55
4.1 Royal Blackburn Hospital .....	56
4.2 Blackpool Victoria Hospital .....	58
4.3 Chorley and South Ribble General Hospital.....	61
4.4 Royal Lancaster Infirmary .....	63
4.5 Ormskirk District General Hospital .....	65
4.6 Royal Preston Hospital .....	67
 PART 2 .....	 69
5. Data collection, completion rates and data quality.....	69
5.1 Data collection processes .....	69
5.2 Completion rates.....	74
Blackpool Victoria Hospital .....	74
Chorley and South Ribble Hospital .....	74
Ormskirk District General Hospital .....	75
Royal Preston Hospital .....	76
6. AED data sharing and usage.....	78
6.1 Data sharing process.....	78
6.2 Examples of data use in Lancashire .....	81
6.3 TIIG in 2013/14.....	82
 References .....	 83
 List of tables, figures and maps .....	 84
List of tables .....	84
List of figures.....	87
List of maps .....	88

## 1. Report summary

### 1.1 Introduction

Injuries can be classified by ultimate cause, either intentional or unintentional. Intentional injuries are inflicted deliberately, which can be self-directed (i.e. self-harm or suicide) or violence. Unintentional injuries are accidental and can occur through road traffic collisions, falls, poisoning or sports injury, for example.

Injury attendances to Accident and Emergency Departments (AEDs) pose a burden on health services and social resources in Lancashire. In 2010/11 there were 125,502 attendances to a Lancashire AED due to unintentional and deliberate injury<sup>1</sup>. Unintentional injuries in 2008-10 accounted for 854 deaths in Lancashire<sup>2</sup>, and in 2010/11 there were 13,308<sup>A</sup> hospital admissions due to such injuries<sup>3</sup>. Looking at intentional injuries, there were 2,934 admissions owing to deliberate self-harm (DSH) in 2010/11<sup>4</sup> and 2,676 admissions for injuries caused by violence (2008/09-2010/11)<sup>5</sup>.

Both forms of injury are preventable<sup>6</sup> through targeted injury prevention strategies. Understanding the burden of injuries and at-risk groups is key in the implementation of relevant local and national policies, which is possible through effective surveillance. Injuries can be measured by a variety of data sources including Hospital Episode Statistics (HES)<sup>B</sup>, mortality data, police data [assaults], Violence Indicator Profiles for England Resource (VIPER)<sup>C</sup>, ambulance call-out data and STATS19 [road traffic collisions data].

Local AED injury intelligence can be obtained on a regular basis directly from NHS acute trusts in order to collate and analyse for injury prevention. There is no national system in place to collect local-level AED data on injuries therefore the methods of collecting and recording data vary between AEDs, thus combining data from multiple AEDs can be complex. However, data collected by the AEDs can provide a wealth of information for local partners, including information that is not captured in other data sources.

Through the Trauma and Injury Intelligence Group (TIIG) based at the Centre for Public Health (CPH), Liverpool John Moores University, data sharing pathways have been developed with the AEDs across the North West of England. The Injury Surveillance System (ISS) was established to collect quality and reliable injury data from AEDs across the region, in order to share with relevant local partners

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<sup>A</sup> Hospital emergency admissions due to unintentional injury where an actual injury condition is recorded.

<sup>B</sup> Hospital Episode Statistics (HES) is a data warehouse containing details of hospital admissions, outpatient appointments and AED attendances at NHS hospitals in England. For further information visit: <http://www.hscic.gov.uk/hes>.

<sup>C</sup> Violence Indicator Profiles for England Resource (VIPER) allows access to local level data on violence in order to assist local partners to identify and monitor the impact of violence and support violence information. For further information visit: <http://www.evipr.org.uk/>.

including the police, Community Safety Partnerships (CSPs), local councils and the National Health Service (NHS), through routine reporting. Partner agencies use AED data to inform needs assessments and injury prevention strategies.



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This report details the injury attendances to the AEDs across Lancashire<sup>D</sup> in a twelve month period from April 2012 to March 2013. This section of the report delivers a summary of the methodology and key findings. The report is then split into two parts looking at five key sections:

**Part 1:**

1. All injuries across Lancashire AEDs (Section 2);
2. Specific injury groups (assault, deliberate self-harm, fall, road traffic collision and sports injury) (Section 3);
3. Each AED in Lancashire (Section 4);

**Part 2:**

4. Overview of processes (data collection, completion rates and data quality) (Section 5); and,
5. Data sharing and use with partner organisations (Section 6).

## 1.2 Methods

### Data access and patient confidentiality

In order to access AED data, data sharing protocols have been developed, agreed and signed between TIIG, Lancashire County Council and the NHS Trusts. For this report, following the data sharing protocols<sup>E</sup>, TIIG accessed injury data covering the twelve month period from April 2012 to March 2013 for all Lancashire AEDs. During 2012/13, most AEDs in Lancashire submitted their data files by a secure NHS email account. Data were received from Royal Lancaster Infirmary on a quarterly basis, and all other AEDs across Lancashire submitted files monthly.

<sup>D</sup> Lancashire AEDs include Royal Blackburn Hospital (including Burnley General Hospital Urgent Care Centre), Blackpool Victoria Hospital, Chorley and South Ribble District General Hospital, Lancaster Royal Infirmary, Ormskirk District General Hospital and Royal Preston Hospital.

<sup>E</sup> All data sharing protocols have been reviewed by the CPH at Liverpool John Moores University since the submission of 2012/13 data.

So as to ensure patient anonymity, values below five have been suppressed, and if there is only one number less than five in a category then two numbers have been suppressed to prevent back calculations from totals.

### **Data analyses**

In receipt of the AED data files, the TIIG cleaned and configured the data before analyses began. All injury attendances to each AED in the reporting period (April 2012 to March 2013) were extracted for analyses. Data from all six AEDs across Lancashire were combined into one dataset to report incidence levels and patient demography.

All AED data were mapped using the *InstantAtlas* mapping software to report the attendee's location of residence, based on the postcode of residence (where captured).

### **Data reliability and constraints**

As there is no national system to collect local-level data on injuries, the TIIG datasets vary across the AEDs in Lancashire (Section 5). For this reason there are a number of issues and limitations that should be taken into account when reading this report, and are outlined in Box 1.

**Box 1: Data issues and limitations****Data items**

The data items collected vary across the Lancashire AEDs. Where an AED does not collect a data field, the records have been omitted from the relevant tables. Where responses are reported as 'unknown' this is because it was either left blank upon data collection or the attendee did not know the answer. The following lists key data items from the common data set that are not collected by a number of the county's AEDs (see Section 5.1 for further details on the data collected by each AED):

- i) The incident date is not collected by Royal Lancaster Infirmary and Ormskirk General Hospital (although Ormskirk General Hospital records the time since the incident i.e. *Today; 1-2 days*);
- ii) The incident time is not collected by Royal Blackburn Hospital and Royal Lancaster Infirmary;
- iii) The incident location is not recorded by Royal Blackburn Hospital;
- iv) The referral source is not captured by Chorley and South Ribble Hospital and Royal Preston Hospital; and,
- v) The attendee's ethnicity is not captured by Royal Blackburn Hospital and Ormskirk District General Hospital (Royal Lancaster Infirmary only started to record this from January 2013).

**Blackpool Victoria Hospital**

For all other AEDs TIIG reports on injuries only, however, included in the report are all attendances to Blackpool Victoria Hospital. This is due to the medical and other injury attendances being categorised within the patient group 'other injury'.

**Fall-related injuries**

Across the Lancashire AEDs, only Chorley and South Ribble Hospital and Royal Preston Hospital record fall-related injuries as a separate injury group. All other AEDs across Lancashire capture fall attendances within the 'other injury' category. Consequently, it is not possible to ascertain actual numbers of fall-related injuries presenting at Lancashire AEDs. Data on falls have been included in this report however figures should be treated with caution.

**Injuries caused by overdose and poisoning**

In December 2010, Blackpool Victoria Hospital removed the overdose and poisoning injury group due to a change in the AED's IT system. Since this time, overdose and poisoning cases have been categorised into one of the other injury groupings (other injury, firework injury or deliberate self-harm). Such cases are, however, identifiable via another data field: presenting complaint. Where the injury group has been recorded as other injury, firework injury or deliberate self-harm, and the presenting complaint is recorded as overdose and poisoning, these can be categorised as an overdose and poisoning injury group in reporting. All other AEDs across Lancashire capture overdose and poisoning within the other injury category.

**Firework-related injuries**

Although firework-related injuries are collected as a separate injury group across all six AEDs in Lancashire, as numbers are low (a total of 38 attendances during 2012/13), these have been included in the total number of injury attendances but not reported as an injury group.

**Location of residence**

This report looks at attendances to AEDs in Lancashire only therefore Lancashire residents who have attended an AED outside of the county are not captured in this report. Conversely, those resident outside of Lancashire who have presented at an AED in Lancashire are included. The location of residence is reported using maps created by the *InstantAtlas* software, based on the injury attendees' postcode, as captured by the AED. Across the AEDs, 5,277 patients (2%) had a missing or invalid postcode recorded.



## 1.3 Key findings

### Injuries across Lancashire

In 2012/13, there were 222,608 attendances to Lancashire AEDs recorded as injuries, representing a 5% decrease in attendances compared to 2008/09<sup>7</sup>. The vast majority (97%) of injury attendances were for unintentional injuries (n=215,348), with 6,120 attendances for assaults and 1,140 for deliberate self-harm (DSH). Over three-quarters (77%) of all unintentional injuries were recorded as other injury. However, where an injury category was recorded, falls accounted for the highest number of attendances (n=18,929).

For all months throughout 2012/13, attendances were higher for males than females, although the gender breakdown varied between injury groups; there were more female attendances for falls and DSH. Patients aged between 30 and 59 years accounted for the largest proportion of injury attendances. Likewise, there were variations when looking at specific injury groups.

### Injury groups

All AEDs in Lancashire collect data on assaults, DSH, road traffic collisions (RTCs) and sports injuries as separate injury categories. Data on attendances for firework-related injuries are collected by all the AEDs but accounted for only 38 attendances within 2012/13. Consequently firework injuries have not been reported as a separate injury group although they have been included in the total numbers of injuries.

**Assault** attendances accounted for 6,120 injuries in 2012/13. Just less than three-quarters (73%) were male, and 21% were in the 20-24 year age group. Overall, 41% were 15-29 year old males.

**DSH** represented 1,140 of all injury attendances. Three-fifths (60%) were female and the age groups with the highest proportions of attendees were 15-19 and 20-24 years. Over a quarter (26%) of all DSH attendees were female aged between 15 and 24 years.

**Fall**-related injuries accounted for 18,929 attendances, with more female than male attendees (females=57%). Over one-fifth (22%) were aged 75 years and over.

**RTC** injuries owed to 9,463 of attendances. Over half (56%) were male and the age group with the largest proportion of injuries was 20-24 years. Almost three in ten (29%) were aged in their twenties.

**Sport** injury attendances represented 12,557 presentations across the Lancashire AEDs. The majority were male (80%) and half were aged between 10 and 19 years.

### Accident and Emergency Departments

In all AEDs, the majority of injury attendances in 2012/13 were recorded as 'other injury.' However we can see that the proportions of 'other injury' attendances to Chorley and South Ribble Hospital and Royal Preston Hospital AEDs (the only two AEDs that capture falls as a separate injury group) are significantly lower, with fall-related attendances making up the largest specified injury group.

### Data collection, completion rates and data quality

Methods of data collection vary across the Lancashire AEDs. During 2012/13, four of the six AEDs across Lancashire were collecting supplementary information surrounding assault-related injuries. Completion rates for additional data collected surrounding violence also vary across the AEDs.

### Data sharing and usage

AED data are shared routinely and are being used by a range of partners to inform needs assessments, bid applications, targeted policing and licensing reviews.

## 1.4 Summary

Through routine meetings with partner organisations, TIIG across Lancashire has been developing and progressing to improve data collection, sharing and usage by relevant partners to inform injury prevention. This report collates all injury data across the county's AEDs providing partners with information on intentional and unintentional injury attendances, as well as identifying at-risk groups. Furthermore, it highlights limitations and variances with AED data for Lancashire, underlining where completion rates for information in relation to violence are low.

As agreed with the TIIG Lancashire Project Steering Group, the 2013/14 work plan sets out to continue working with Lancashire AEDs to improve data collection processes and levels of consistency and comparability between departments. There will be a particular emphasis on increasing completion rates for data collected surrounding assaults, a key priority across Lancashire and the North West of England.

## PART 1

### 2. All injuries across Lancashire

Between April 2012 and March 2013, there were 222,608 injury attendances to Lancashire Accident and Emergency Departments (AEDs). Of these, 215,348 (97%) were unintentional injuries and 7,260 were intentional (Table 1).

Overall, 78% of injury attendances were recorded as other injury. The highest specified injury group was falls, accounting for 9% of all injury attendances. Six per cent of attendances accounted for sports injury, followed by road traffic collisions (RTC) (4%), assaults (3%), overdose and poisoning (1%) and deliberate self-harm (DSH) (1%). Only two AEDs in Lancashire record falls as a separate injury category (all other AEDs capture falls in the other injury category), therefore the extent of falls presenting at an AED in Lancashire are under-represented. Furthermore, overdose and poisoning is only recorded as an injury group by one of the Lancashire AEDs and should also be regarded with caution.

The month with the highest number of attendances was May 2012 with 20,822 attendances compared to 16,113 attendances in February 2013, the month with the fewest attendances (Table 1).

#### 2.1 Demographics

Figure 1 shows the gender of all injury attendees across 2012/13. Overall, more than half (53%) of attendees were male.

The age group of AED attendances across 2012/13 are illustrated in Figure 2. Overall, attendees aged 30-59 years accounted for 31% of all injury attendances. A quarter (25%) of attendees were aged between 15 and 29 years, and over two in ten (22%) were aged 60 years and over. Fourteen per cent of attendees were aged 5-14 years and 8% were aged 0-4 years.

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**Table 1: Injury attendances to Lancashire AEDs by injury group and month, 2012/13\***

Injury group		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%	%
Intentional	Assault	493	519	522	558	575	563	533	504	565	457	382	449	6120	3	3
	Deliberate self-harm	101	94	103	116	114	90	93	108	78	85	74	84	1140	1	
All intentional injuries		594	613	625	674	689	653	626	612	643	542	456	533	7260	-	
Unintentional	Fall**	1486	1769	1624	1694	1647	1713	1618	1435	1553	1591	1341	1458	18929	9	97
	Other injury^	14480	16169	15019	16220	15597	14120	14382	13446	13144	13352	12313	14107	172349	77	
	Overdose and poisoning <sup>§</sup>	157	174	180	162	158	175	190	155	162	166	160	173	2012	1	
	Road traffic collision	812	733	758	829	791	789	902	866	795	725	727	736	9463	4	
	Sport	1240	1363	914	975	770	1266	1301	1021	597	779	1114	1217	12557	6	
All unintentional injuries		18176	20209	18507	19881	18963	18065	18397	16936	16251	16615	15657	17691	215348	-	
Total		18770	20822	19132	20555	19652	18718	19023	17548	16894	17157	16113	18224	222608	100	100

\* There were 38 attendances where the injury group was recorded as firework injury; these have been included in the number of all unintentional injuries and the total figure.

\*\* Falls are only collected as a separate injury category by Chorley and South Ribble Hospital and Royal Preston Hospital AEDs. In all other AEDs, falls are included in the other injury category.

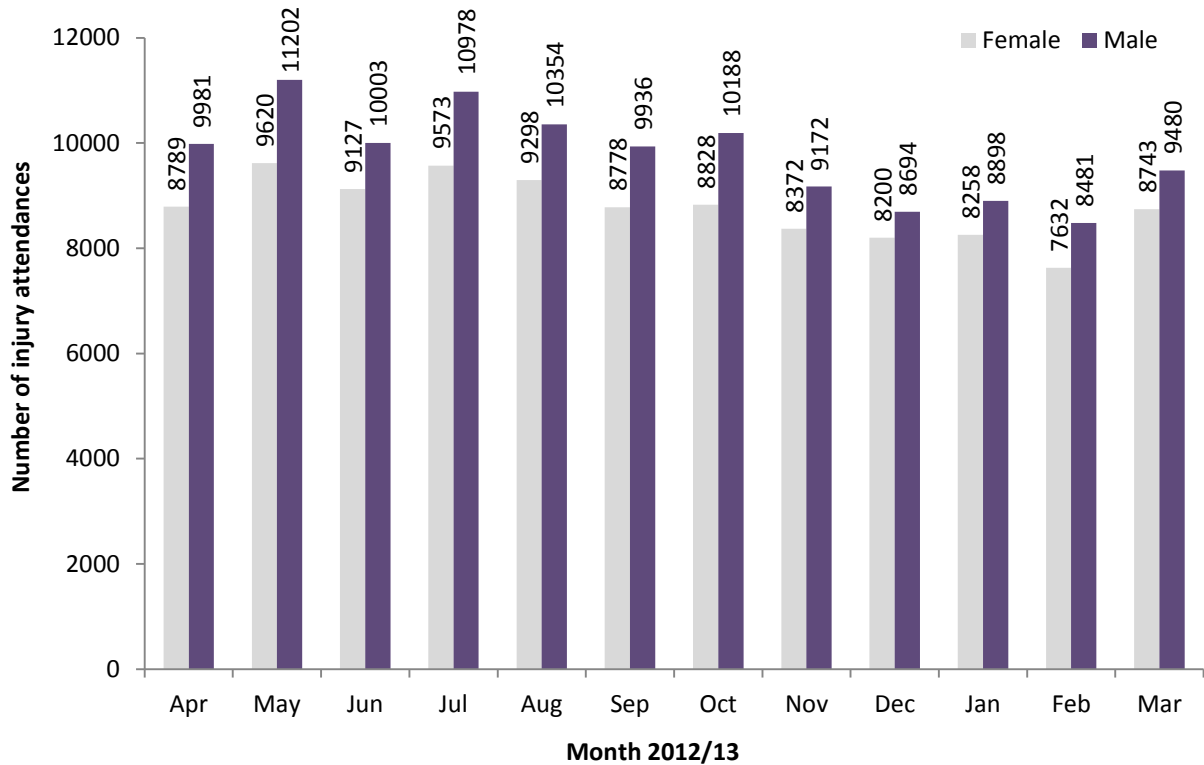
^ The other injury group also includes medical attendances to Blackpool Victoria Hospital<sup>F</sup>.

<sup>§</sup> The overdose and poisoning injury group is available for Blackpool Victoria Hospital AED only<sup>G</sup>. All other AEDs capture overdose and poisoning in the other injury category.

<sup>F</sup> Medical and other injury attendances are categorised within the patient group 'other injury' at Blackpool Victoria Hospital.

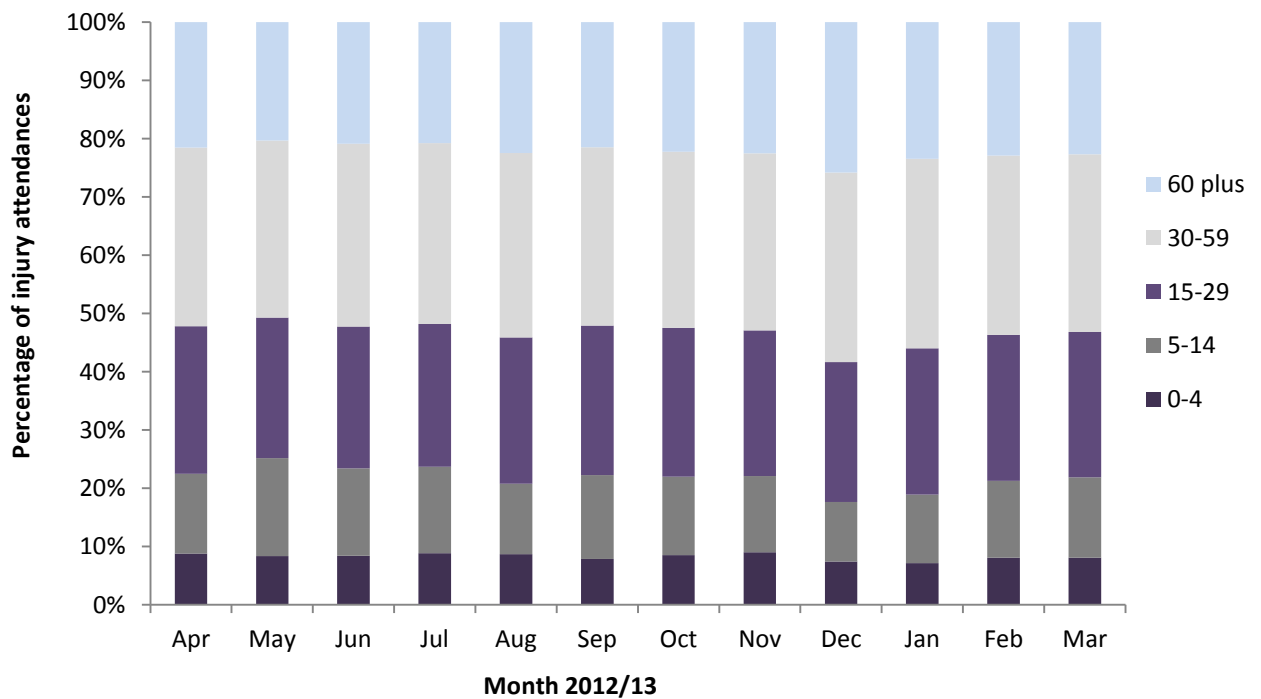
<sup>G</sup> In December 2010, the overdose and poisoning injury group was removed due to a change in Blackpool Victoria Hospital's IT system. Since this time, records have been categorised into one of the other injury groupings (other injury, DSH or firework injury). Such cases are, however, identifiable via another data field: presenting complaint. Where the injury group is recorded as other injury and the presenting complaint is recorded as overdose and poisoning, these cases have been categorised as overdose and poisoning. Please note, during this period 23 DSH cases at Blackpool Victoria Hospital also had overdose and poisoning recorded as their presenting complaint.

**Figure 1: Injury attendances to Lancashire AEDs by gender and month, 2012/13\***



\* There were 23 attendances where the gender was recorded as indeterminate/unknown.

**Figure 2: Injury attendances to Lancashire AEDs by age group and month, 2012/13\***



\* There were six attendances where the age was unknown.

Table 2 looks at the age of attendees in more detail, using five year age groups. Overall, the age group with the highest number of attendees was 75 years plus (n=26,699; 12%). Almost one in ten (9%) of attendees were aged between 20 and 24 years, followed by the 0-4, 10-14, 15-19 age groups, each accounting for 8% of attendances.

There were, however, some differences when looking specifically at gender categories. For males, those aged between 20 and 24 years accounted for the largest proportion of attendances (10%).

**Table 2: Injury attendances to Lancashire AEDs by age group and month, 2012/13\***

Age group	Female		Male		Total	
	n	%	n	%	n	%
0-4	8084	8	10307	9	18396	8
5-9	5557	5	7269	6	12828	6
10-14	7409	7	10072	9	17483	8
15-19	8205	8	10534	9	18740	8
20-24	8808	8	11373	10	20184	9
25-29	7093	7	9408	8	16503	7
30-34	5699	5	7487	6	13186	6
35-39	4976	5	6503	6	11479	5
40-44	5760	5	7140	6	12900	6
45-49	5626	5	6603	6	12230	5
50-54	5287	5	5563	5	10857	5
55-59	4234	4	4211	4	8445	4
60-64	3940	4	3976	3	7916	4
65-69	4003	4	3739	3	7742	3
70-74	3772	4	3242	3	7014	3
75+	16762	16	9937	8	26699	12
<b>Total</b>	<b>105218</b>	<b>100</b>	<b>117367</b>	<b>100</b>	<b>222608</b>	<b>100</b>

\* There were six attendances where the age was unknown and 23 attendances where the gender was indeterminate/unknown; these have been included in the total figures.

Of the six AEDs in Lancashire, four capture the attendee's ethnicity: Blackpool Victoria Hospital, Chorley and South Ribble Hospital, Royal Lancaster Infirmary and Royal Preston Hospital. Table 3 shows that eight in ten (80%) of injury attendees to these four AEDs were White. Nine per cent of attendees had not stated their ethnicity. Between April 2012 and January 2013 there were 11,184 attendees that had no data recorded for their ethnicity (7%). Almost all (>99%) of the attendees with no ethnicity recorded attended Lancaster Royal Infirmary. This is because the hospital's AED did not start collecting patients' ethnicity until January 2013.

**Table 3: Injury attendances to Lancashire AEDs by ethnic group and month, 2012/13\*<sup>^</sup>,<sup>l</sup>**

Ethnic group	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%
White	9632	10309	9625	10251	10231	9817	10168	9221	9144	10265	9731	10884	119278	80
Not stated	1245	1377	1271	1351	1193	1080	1045	1037	933	861	919	1056	13368	9
Unknown	1185	1434	1124	1439	1194	1279	1328	1271	<930	***	0	0	11184	7
Asian	205	247	244	234	233	242	220	195	206	206	195	209	2636	2
Patient not asked	118	180	190	159	165	143	149	129	149	159	127	158	1826	1
Mixed	59	72	64	58	60	64	72	46	55	74	66	62	752	1
Other	38	41	55	36	25	43	36	28	<35	<35	41	55	463	0
Black	31	21	32	29	31	20	18	23	35	32	36	24	332	0
<b>Total</b>	<b>12513</b>	<b>13681</b>	<b>12605</b>	<b>13557</b>	<b>13132</b>	<b>12688</b>	<b>13036</b>	<b>11950</b>	<b>11482</b>	<b>11632</b>	<b>11115</b>	<b>12448</b>	<b>149839</b>	<b>100</b>

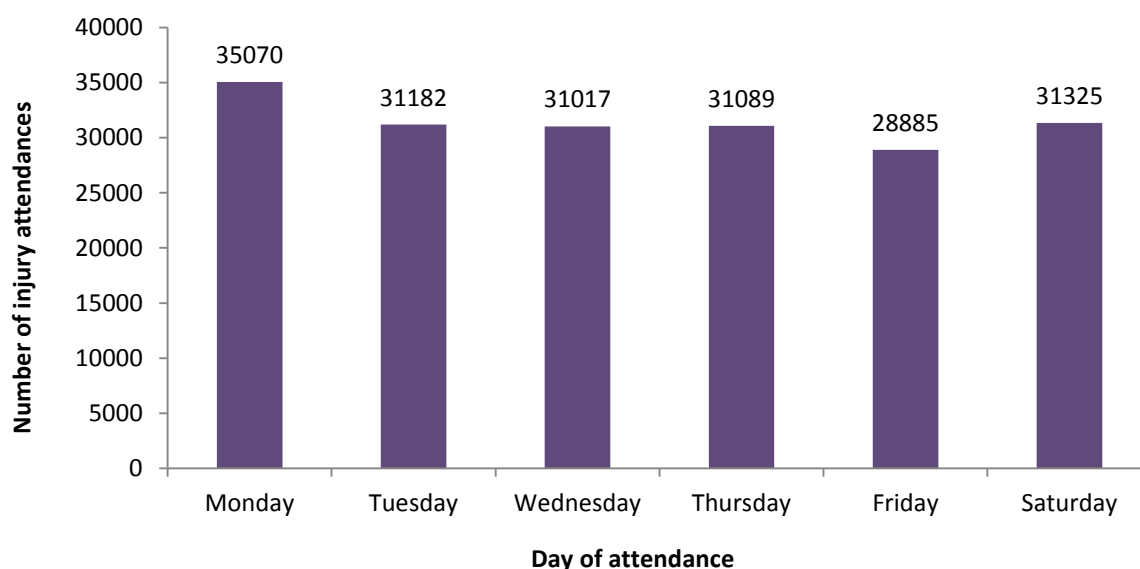
\* Royal Lancaster infirmary has no data for ethnic group between April and December 2012.

<sup>^</sup> Royal Blackburn Hospital (n=67,619) and Ormskirk District General Hospital (n=5,150) do not collect the patient’s ethnicity and have therefore been omitted from this table.

## 2.2 Peak times

Each AED in Lancashire captures the date and time of attendance to the department. Figure 3 shows the day of the week of the attendance. Although there were similar proportions of attendances across each of the days, the day of the week with the highest number of attendances was Monday (n=35,070; 16%) compared to the lowest number on Friday (n=28,885; 13%).

**Figure 3: Injury attendances to Lancashire AEDs by day of attendance, 2012/13**



<sup>h</sup> White = White - British, White - Irish, White - any other White background; Mixed = Mixed - White and Black Caribbean, Mixed - White and Black African, Mixed - White and Asian, Mixed - any other Mixed background; Asian = Asian or Asian British - Indian, Asian or Asian British - Pakistani, Asian or Asian British - Bangladeshi, Asian or Asian British - any other Asian background; Black = Black or Black British - Caribbean, Black or Black British - African, Black or Black British - any other Black background; Other = Other Ethnic groups - Chinese, Other Ethnic groups - any other Ethnic group.

<sup>l</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.

Table 4 demonstrates the time of attendance, categorised into two hour time groups e.g. 18:00-19:59. The majority of attendances during 2012/13 occurred between 10:00 and 21:59, peaking at 30,415 attendances between 18:00 and 19:59 (14%).

**Table 4: Injury attendances to Lancashire AEDs by time group and month, 2012/13**

Time group	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%
00:00-01:59	686	662	693	758	830	621	709	659	677	624	504	576	7999	4
02:00-03:59	470	483	537	570	565	472	501	486	574	473	346	455	5932	3
04:00-05:59	339	367	375	419	434	346	325	336	383	369	305	294	4292	2
06:00-07:59	422	559	435	518	519	452	464	406	415	413	394	459	5456	2
08:00-09:59	1567	1895	1547	1619	1413	1631	1712	1521	1332	1457	1393	1656	18743	8
10:00-11:59	2423	2535	2437	2551	2346	2485	2474	2267	2349	2289	2209	2326	28691	13
12:00-13:59	2346	2513	2366	2520	2451	2430	2436	2271	2288	2257	2160	2430	28468	13
14:00-15:59	2390	2343	2283	2482	2459	2297	2296	2176	2068	2272	2072	2350	27488	12
16:00-17:59	2328	2542	2388	2474	2364	2408	2462	2236	1965	2175	2121	2434	27897	13
18:00-19:59	2615	3066	2675	2927	2751	2609	2594	2332	2102	2189	2099	2456	30415	14
20:00-21:59	2050	2426	2150	2351	2187	1924	1900	1794	1668	1674	1595	1763	23482	11
22:00-23:59	1134	1431	1246	1366	1333	1043	1150	1064	1073	965	915	1025	13745	6
<b>Total</b>	18770	20822	19132	20555	19652	18718	19023	17548	16894	17157	16113	18224	222608	100

## 2.3 Attendance information

### Location

Half (50%) of all injury attendances occurred in the home, followed by one-fifth (20%) in a public place and 14% recorded as occurring in other location (Table 5).



**Table 5: Injury attendances to Lancashire AEDs by location and month, 2012/13<sup>J</sup>**

Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%
Home	6337	6713	6254	6684	6621	6284	6318	6308	6566	6391	5914	6760	77150	50
Public place	2748	2971	2708	3038	3239	2954	2582	2173	2096	2054	2122	2302	30987	20
Other	1803	1992	1957	2104	2017	1721	2099	1738	1498	1649	1466	1555	21599	14
Work	763	793	749	849	781	744	830	762	611	700	676	666	8924	6
Educational establishment	382	794	511	440	34	612	778	710	404	584	617	819	6685	4
Sport	464	451	312	410	287	414	479	334	218	274	362	431	4436	3
Home - other person's	137	140	134	130	150	115	99	88	126	110	95	114	1438	1
Public building	84	66	95	87	76	105	90	88	118	62	68	59	998	1
Garden	71	169	111	104	143	63	58	30	23	13	32	37	854	1
Holiday	58	65	88	89	114	70	49	38	16	37	32	46	702	0
Public park/playground	40	82	67	63	82	54	39	26	18	20	36	34	561	0
Nursery	15	30	22	18	22	21	19	5	6	22	19	17	216	0
Hospital	***	15	13	15	12	<15	11	10	7	15	13	9	138	0
Prison	12	16	6	12	11	10	10	9	9	10	8	12	125	0
Special event	13	10	8	<15	5	10	14	8	9	***	<10	6	105	0
Public transport	<10	***	6	5	6	7	***	<10	***	***	***	5	53	0
Unknown	7	***	0	***	0	0	***	***	0	0	0	0	13	0
Bus station	0	***	0	0	0	***	***	0	***	0	0	0	5	0
<b>Total</b>	<b>12943</b>	<b>14314</b>	<b>13041</b>	<b>14063</b>	<b>13600</b>	<b>13199</b>	<b>13481</b>	<b>12333</b>	<b>11727</b>	<b>11947</b>	<b>11469</b>	<b>12872</b>	<b>154989</b>	<b>100</b>

\* Royal Blackburn Hospital does not collect the location of the incident therefore has not been included in this table (n=67,619).

### Source of referral

Two of the AEDs do not collect the patient's source of referral. For the four that do, nearly three-fifths (57%) of attendees were self-referred to the AED and 23% were referred by the emergency services (Table 6).

<sup>J</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.

**Table 6: Injury attendances to Lancashire AEDs by source of referral and month, 2012/13\*\*<sup>K</sup>**

Source of referral	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%
Self-referral	8124	9075	8542	9041	8500	7889	8038	7660	6975	7413	6957	7958	96172	57
Emergency services	3010	3109	3015	3309	3378	3133	3269	3266	3496	3194	3078	3348	38605	23
Unknown	871	898	812	953	909	841	849	831	976	848	742	823	10353	6
Other	975	1232	957	1048	947	994	938	570	447	457	477	530	9572	6
Health care provider	910	835	803	829	843	698	690	708	707	663	642	814	9142	5
General medical practitioner	241	316	269	286	231	277	296	319	212	309	288	305	3349	2
Prison, police or court	50	74	69	75	74	91	77	55	68	68	56	44	801	0
Work	54	62	54	76	69	65	77	45	40	46	51	40	679	0
Educational establishment	<35	66	45	46	***	85	78	37	31	47	58	47	575	0
Accident and emergency	22	25	<35	<55	<35	<30	<45	39	28	<25	<35	<20	371	0
General dental practitioner	***	0	***	***	***	***	***	0	0	***	***	***	19	0
<b>Total</b>	<b>14292</b>	<b>15692</b>	<b>14600</b>	<b>15714</b>	<b>14986</b>	<b>14104</b>	<b>14359</b>	<b>13530</b>	<b>12980</b>	<b>13071</b>	<b>12384</b>	<b>13926</b>	<b>169638</b>	<b>100</b>

\* Chorley and South Ribble Hospital (n=23,784) and Royal Preston Hospital (n=29,186) do not collect the source of referral and have therefore been omitted from this table.

### Mode of arrival

Table 7 shows the arrival mode for attendees in the last year. Over half (54%) arrived by private transport and over two in five (22%) arrived by ambulance.

**Table 7: Injury attendances to Lancashire AEDs by mode of arrival and month, 2012/13\***

Mode of arrival	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%
Private transport	10534	11662	10853	11433	10924	10140	10287	9313	8788	8965	8419	9916	121234	54
Ambulance	3736	3952	3786	4121	4207	3982	4148	4030	4228	3902	3710	4081	47883	22
Other	1871	2487	1830	1015	865	803	764	688	655	928	883	742	13531	6
By foot	386	386	368	1609	1315	1456	1511	1414	1023	1173	1263	1345	13249	6
Unknown	857	869	850	938	916	847	851	820	960	820	711	795	10234	5
Public transport	500	507	534	532	566	597	553	512	416	458	400	500	6075	3
Dropped off	532	560	536	519	495	519	528	444	475	520	408	496	6032	3
Taxi	317	356	329	358	329	344	348	298	317	365	299	318	3978	2
Police/ prison escort	37	43	46	30	35	30	33	29	32	26	20	31	392	0
<b>Total</b>	<b>18770</b>	<b>20822</b>	<b>19132</b>	<b>20555</b>	<b>19652</b>	<b>18718</b>	<b>19023</b>	<b>17548</b>	<b>16894</b>	<b>17157</b>	<b>16113</b>	<b>18224</b>	<b>222608</b>	<b>100</b>

\* AED arrivals made by ambulance also include those brought in by helicopter/ air ambulance.

### Disposal

Table 8 shows just over half (51%) of all injury attendees were discharged with no follow-up required, whereas 29% of attendees required a follow-up or referral for further treatment. Fourteen per cent of attendees were admitted into hospital.

<sup>K</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.

**Table 8: Injury attendances to Lancashire AEDs by disposal method and month, 2012/13<sup>L</sup>**

Disposal method	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%
Discharged	9109	10192	9239	10016	9851	9494	9762	9318	8833	9299	8649	10007	113769	51
Follow-up/ referral	5866	6564	6227	6666	5882	5496	5510	4638	4474	4529	4186	4670	64708	29
Admitted	2671	2765	2510	2700	2660	2549	2573	2427	2578	2398	2405	2446	30682	14
Other	1046	1220	1086	1091	1182	1049	1022	1001	885	759	711	889	11941	5
Unknown	<80	<80	<70	77	70	<130	150	159	<125	<175	<160	206	1455	1
Died	***	***	***	5	7	***	6	5	***	***	***	6	53	0
<b>Total</b>	<b>18770</b>	<b>20822</b>	<b>19132</b>	<b>20555</b>	<b>19652</b>	<b>18718</b>	<b>19023</b>	<b>17548</b>	<b>16894</b>	<b>17157</b>	<b>16113</b>	<b>18224</b>	<b>222608</b>	<b>100</b>

## 2.4 At-risk groups

As established earlier in this report, the majority of injury attendances were recorded as other injury (Table 1). Over half of attendees were male (Figure 1) and the largest proportion were aged 30-59 years (Figure 2), or 75 plus when looking at five year age groups (Table 2). Illustrated in Table 9 is the number of injury attendances, excluding the other injury category, by age group and gender. Here we can compare the patient demographics for the each of the injury groups.

Looking at the total figures for specified injury groups only, the highest proportion of injuries were caused by a fall and account for just less than four in ten (39%) of attendances, followed by 26% for sports injury. One-fifth (20%) of attendances were due to injuries caused by a RTC, 13% assaults and the lowest proportion, 2% DSH (Table 9).

### Assault

There were substantially more males than females (males=73%), with those aged between 15 and 29 years accounting for over half (55%) of all assault injuries. Over two-fifths (41%) were 15-29 year old males.

### Deliberate self-harm

Almost half (48%) of patients presenting with DSH-related injuries were aged between 15 and 29 years, followed by those aged between 30 and 59 years (43%). Three-fifths (60%) of attendees were female. Overall, DSH attendees were generally females aged between 15 and 29 years (31%) and 30 and 59 years (24%). Notably, one-fifth (20%) of all DSH attendees were 30-59 year old males.

<sup>L</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.

### Fall

Patients aged 60 years plus accounted for 35% of fall-related injuries, with females making up 57% of all attendances for that injury group. Overall, nearly a quarter (23%) of attendees with fall-related injuries were females aged 60 years plus.

### Road traffic collision

Over half (56%) of attendances due to RTCs were male. Figures were similar across the 15-29 and 30-59 year age groups (39% and 41% respectively). RTC attendees were generally males aged between 30 and 59 years (24%) and 15-29 years (22%).

### Sport

The majority (80%) of sports injuries were male and just less than half (49%) were aged between 15 and 29 years. Overall, males aged 15-29 years accounted for over two-fifths (41%) of sport injuries.

**Table 9: Injury attendances to Lancashire AEDs by injury group (excluding other injury), age group and gender, 2012/13\*<sup>^M</sup>**

	Age group and gender												Total	
	0-4		5-14		15-29		30-59		60+					
<b>Total persons</b>	2553		7933		16449		13627		7684		48247			
<b>Injury group</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>Persons</b>	<b>%</b>
<b>Fall</b>	947	1189	1279	1565	1402	1259	2679	1993	4446	2168	10753	8174	18929	39
<b>Sport</b>	22	42	1056	2900	950	5175	450	1790	79	91	2557	9998	12557	26
<b>RTC</b>	166	165	342	413	1679	2049	1665	2249	347	386	4199	5263	9463	20
<b>Assault</b>	<10	<10	88	228	875	2496	655	1634	44	86	1670	4450	6120	13
<b>DSH</b>	***	<10	42	14	356	193	268	226	20	13	688	452	1140	2
<b>Total</b>	1145	1408	2808	5123	5264	11183	5721	7905	4937	2747	19875	28367	48247	100

\* There were 38 firework-related injury attendances; these have been included in the total figures.

<sup>^</sup> There were five attendances where the gender was unknown and one attendance where the age was unknown; these have been included in the total figures.

Table 10 illustrates the number of attendances by time group categories and by age group and gender. As highlighted earlier (Table 4), the time group with the most injury attendances was 18:00-19:59 (14%), followed by 10:00-11:59, 12:00-13:59 and 16:00-17:59 (all 13%). Across the age groups, most attendees aged 0-29 years presented between 18:00 and 19:59 (16%), with those aged 30 and over mostly presenting between 10:00 and 11:59 (15%).

<sup>M</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.

**Table 10: Injury attendances to Lancashire AEDs by time group, age group and gender, 2012/13\***

	Age group and gender												Total	
	0-4		5-14		15-29		30-59		60+					
<b>Total persons</b>	18396		30311		55427		69097		49371		222608			
<b>Time group</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>Persons</b>	<b>%</b>
<b>00-1.59</b>	181	234	146	169	1124	1465	1228	1737	950	763	3629	4368	7999	4
<b>02-3.59</b>	81	127	39	76	936	1400	752	1198	720	603	2528	3404	5932	3
<b>04-5.59</b>	59	92	38	49	557	917	557	855	641	527	1852	2440	4292	2
<b>06-07.59</b>	96	137	81	110	430	709	873	1342	894	783	2375	3081	5456	2
<b>08-09.59</b>	508	611	1032	1409	1414	2316	3043	3622	2670	2115	8667	10073	18743	8
<b>10-11.59</b>	884	1151	1408	1977	2503	3294	4423	5095	4708	3243	13926	14761	28691	13
<b>12-13.59</b>	994	1224	1564	2217	2854	3743	4203	4585	4163	2917	13778	14686	28468	13
<b>14-15.59</b>	990	1297	1701	2435	2903	3684	3784	4291	3704	2699	13082	14406	27488	12
<b>16-17.59</b>	1202	1479	2199	2880	2984	3711	3620	4174	3389	2257	13395	14501	27897	13
<b>18-19.59</b>	1562	2041	2446	3067	3492	3969	4063	4644	2967	2162	14530	15883	30415	14
<b>20-21.59</b>	1033	1322	1758	2250	2987	3695	3058	3527	2233	1615	11069	12410	23482	11
<b>22-23.59</b>	494	592	554	702	1922	2412	1978	2437	1438	1210	6387	7354	13745	6
<b>Total</b>	8084	10307	12966	17341	24106	31315	31582	37507	28477	20894	105218	117367	222608	100

\* There were six attendances where the age was unknown and 23 attendances where the gender was indeterminate/ unknown; these have been included in the total figures.

Of the injury attendees who required a follow-up or referral for further treatment, 17% were males aged between 30 and 59 years followed by males aged between 15 and 29 (16%) (Table 11). Nearly a third (31%) of females aged 60 years and over were admitted to hospital with just less than a quarter (24%) of males of the same age group also admitted.

**Table 11: Injury attendances to Lancashire AEDs by disposal method, age group and gender, 2012/13\*<sup>N</sup>**

	Age group and gender												Total	
	0-4		5-14		15-29		30-59		60+					
<b>Total persons</b>	18396		30311		55427		69097		49371		222608			
<b>Disposal method</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>Persons</b>	<b>%</b>
<b>Discharged</b>	4618	5941	7757	10059	13095	16789	16421	19153	11520	8401	53412	60344	113769	51
<b>Follow-up/ referral</b>	2268	2909	4151	5770	7422	10320	9909	11167	6710	4075	30461	34242	64708	29
<b>Admitted</b>	734	890	592	815	1812	1585	3272	4014	9459	7507	15870	14811	30682	14
<b>Other</b>	386	492	409	607	1615	2424	1785	2903	566	751	4761	7177	11941	5
<b>Unknown</b>	78	75	57	90	162	191	<195	<260	203	147	692	762	1455	1
<b>Died</b>	0	0	0	0	0	6	***	<15	19	13	22	31	53	0
<b>Total</b>	8084	10307	12966	17341	24106	31315	31582	37507	28477	20894	105218	117367	222608	100

\* There were six attendances where the age was unknown and 23 attendances where the gender was indeterminate/ unknown; these have been included in the total figures.

<sup>N</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.

## 2.5 Attendees' location of residence

TIIG reports on the attendee's area of residence. All Lancashire AEDs provide TIIG with a full postcode, where available, except for Ormskirk District General Hospital which instead submits files containing the Super Output Area (SOA)<sup>o</sup> and Census Area Statistics (CAS) ward<sup>p</sup> of residence. From this data, TIIG can calculate geographies for reporting.

Table 12 outlines the local authority of residence for attendees resident in Lancashire only. Of the 222,608 attendances to Lancashire AEDs between April 2012 to March 2013, 217,331 had a valid postcode or Super Output Area recorded (98%). Of these with valid data recorded, 98% of the attendees were resident in the North West (n=213,762) and 94% were resident in Lancashire (n=205,310). There are, of course, patients resident in Lancashire but attending AEDs outside of the county. In particular, a high proportion of West Lancashire residents attend Royal Albert Edward Infirmary in Wigan and Southport and Formby District General Hospital. As this report looks at Lancashire AEDs only, these are not included in the figures.

For Lancashire residents, the local authority with the highest number of attendances to a Lancashire AED was Blackpool (21%), followed by Blackburn-with-Darwen and Wyre (each 10%). Nine per cent of attendees were resident in Burnley, with an equal proportion also resident in Preston.

**Table 12: Injury attendances to Lancashire AEDs by Local Authority of residence, 2012/13**

Local authority of residence	n	%
Blackpool	43792	21
Blackburn-with-Darwen	20537	10
Wyre	20268	10
Burnley	18337	9
Preston	17886	9
Fylde	15000	7
Pendle	14503	7
Chorley	14244	7
South Ribble	13463	7
Lancaster	11489	6
Hyndburn	5617	3
Ribble Valley	3951	2
Rosendale	3820	2
West Lancashire	2403	1
<b>Total</b>	<b>205310</b>	<b>100</b>

<sup>o</sup> Super Output Areas are used in the reporting of small area statistics, broken down into Lower Layer Super Output Areas (LSOA) and Middle Layer Super Output Areas (MSOA). For more information, visit:

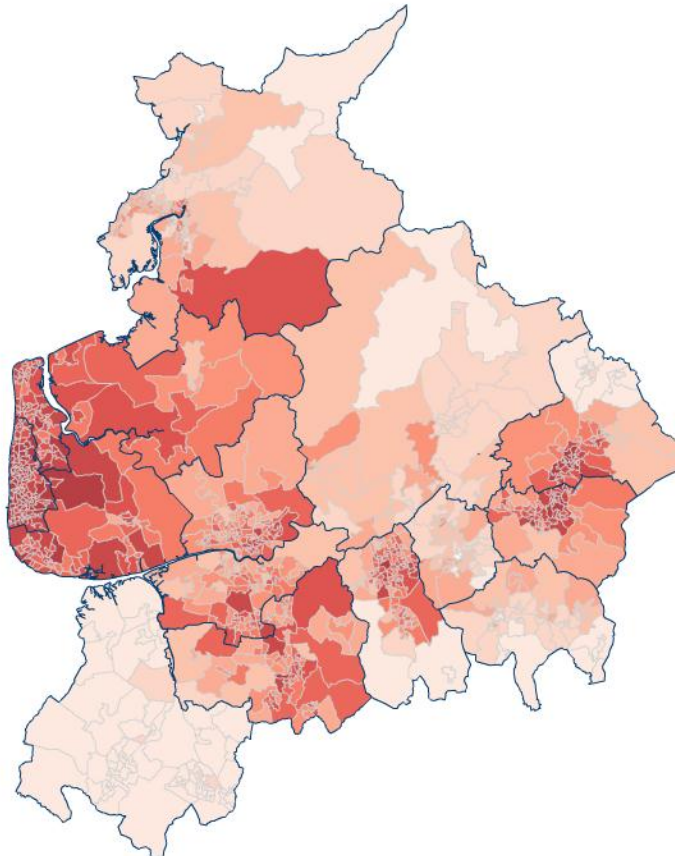
<http://www.ons.gov.uk/ons/guide-method/geography/beginner-s-guide/census/super-output-areas--soas-/index.html>

<sup>p</sup> Statistical wards, in general, reflect electoral wards as at May 2003. For more information on the Census Area Statistics wards, visit the Office for National Statistics:

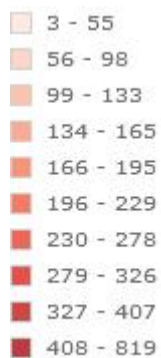
<http://www.ons.gov.uk/ons/guide-method/geography/beginner-s-guide/administrative/england/electoral-wards-divisions/statistical-wards--cas-wards-and-st-wards/index.html>

The Lower Layer Super Output Area (LSOA) of attendees' location of residence is illustrated in Map 1, overlaid by local authority boundaries. Table 13 accompanies the map, highlighting the top five LSOAs in Lancashire for attendances to the AEDs.

**Map 1: Injury attendances to Lancashire AEDs by LSOA of residence (overlaid by local authority boundaries), Lancashire residents only, 2012/13**



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**Table 13: Injury attendances to Lancashire AEDs by top five LSOA of residence, 2012/13**

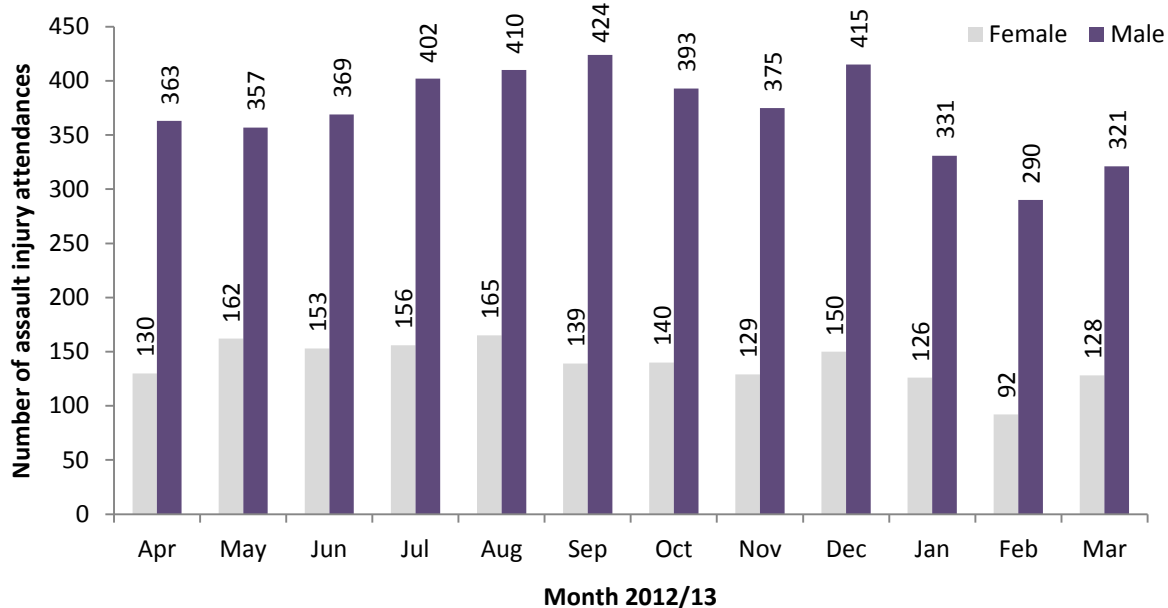
LSOA code	LSOA name	n
E01012681	Blackpool 006A	819
E01012721	Blackpool 007C	792
E01012704	Blackpool 002C	755
E01012751	Blackpool 013D	744
E01012682	Blackpool 008D	703

### 3. Injury groups

#### 3.1 Assault

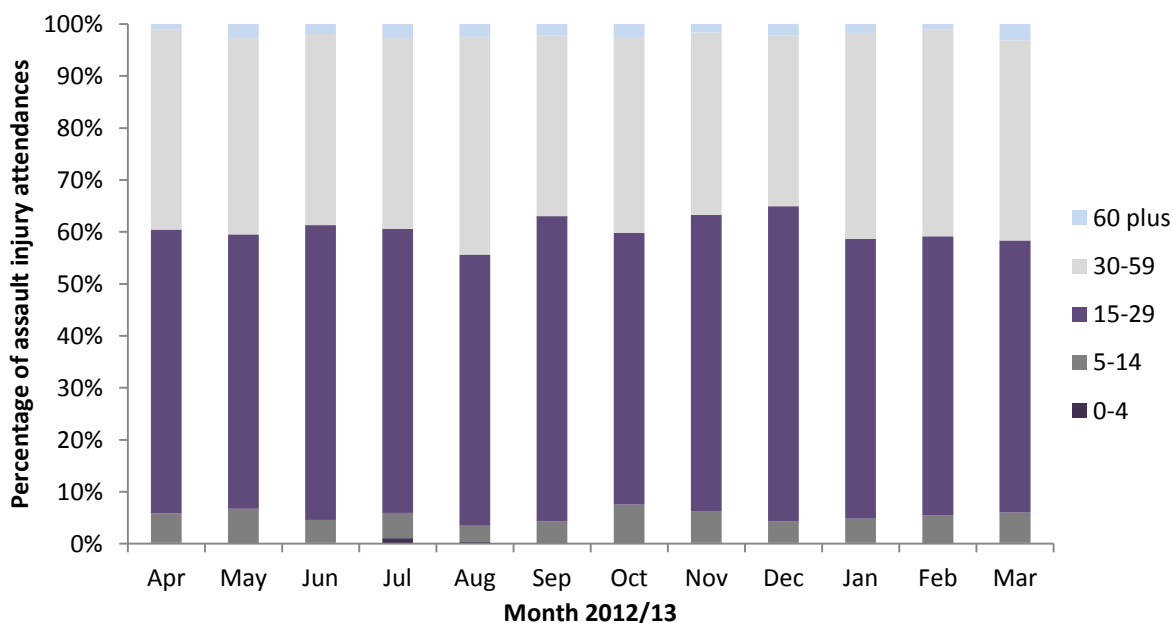
Of all injury attendances to a Lancashire AED in 2012/13, 6,120 were due to assault. August 2012 had the highest number of attendances (n=575), with the fewest in February 2013 (n=382). Just less than three-quarters (73%) of assault attendees were male (Figure 4).

**Figure 4: Assault injury attendances to Lancashire AEDs by gender and month, 2012/13**



Over half (55%) of assault attendees were aged between 15 and 29 years, with 37% aged between 30 and 59 (Figure 5).

**Figure 5: Assault injury attendances to Lancashire AEDs by age group and month, 2012/13**





Looking at ages in more detail, Table 14 demonstrates five-year age groups for assault-related injury attendances by gender. Over a fifth (21%) were aged between 20 and 24 years, followed by 18% aged between 15 and 19. Overall, over four in ten (41%) of attendees with injuries caused by assault were male and aged between 15 and 29 years.

**Table 14: Assault injury attendances to Lancashire AEDs by age group and gender, 2012/13<sup>Q</sup>**

Age group	Gender					
	Female		Male		Total	
	n	%	n	%	n	%
0-4	<10	0	<10	0	14	0
5-9	***	0	<15	0	18	0
10-14	84	5	214	5	298	5
15-19	284	17	826	19	1110	18
20-24	338	20	975	22	1313	21
25-29	253	15	695	16	948	15
30-34	156	9	455	10	611	10
35-39	144	9	329	7	473	8
40-44	147	9	324	7	471	8
45-49	112	7	277	6	389	6
50-54	67	4	155	3	222	4
55-59	29	2	94	2	123	2
60-64	21	1	34	1	55	1
65-69	7	0	24	1	31	1
70-74	6	0	16	0	22	0
75+	10	1	12	0	22	0
<b>Total</b>	<b>1670</b>	<b>100</b>	<b>4450</b>	<b>100</b>	<b>6120</b>	<b>100</b>

Table 15 illustrates the day and time of the assault attendances to AEDs across Lancashire. The day of the week that saw the highest number of attendances due to assault-related injuries was Sunday (23%) followed by Saturday (21%). Between 18:00 and 05:59, the hours known as the night-time economy (NTE)<sup>R</sup> when violence is likely to occur, there were 3,714 assault attendances to Lancashire AEDs, accounting for over three in five (61%) of the total number of presentations. Attendances peaked between 02:00 and 03:59 with over one in ten (12%) of the attendees presenting with injuries owing to assault.

<sup>Q</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.

<sup>R</sup> The night-time economy consists of bars, pubs, nightclubs and fast-food outlets in towns and cities, settings where violence often occurs<sup>8,9,10</sup>.

**Table 15: Assault injury attendances to Lancashire AEDs by time group and day of attendance, 2012/13**

Time group	Day of attendance															
	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
00:00-01:59	60	8	60	8	55	10	55	9	69	9	172	13	203	14	674	11
02:00-03:59	52	7	68	9	45	8	32	5	69	9	201	16	238	17	705	12
04:00-05:59	34	4	37	5	21	4	26	4	64	8	119	9	162	11	463	8
06:00-07:59	12	2	25	3	12	2	14	2	18	2	61	5	70	5	212	3
08:00-09:59	32	4	36	5	31	5	29	5	34	4	51	4	61	4	274	4
10:00-11:59	64	8	68	9	52	9	38	6	52	7	71	6	75	5	420	7
12:00-13:59	101	13	55	7	36	6	56	10	66	9	89	7	101	7	504	8
14:00-15:59	82	11	71	10	39	7	50	9	55	7	81	6	103	7	481	8
16:00-17:59	74	10	73	10	47	8	69	12	71	9	87	7	94	7	515	8
18:00-19:59	93	12	81	11	81	14	70	12	61	8	85	7	105	7	576	9
20:00-21:59	94	12	69	9	80	14	70	12	82	11	122	10	109	8	626	10
22:00-23:59	67	9	91	12	73	13	76	13	122	16	143	11	98	7	670	11
<b>Total</b>	765	100	734	100	572	100	585	100	763	100	1282	100	1419	100	6120	100

The NTE is more prevalent at weekends, and shown in Table 16 are the number of assault-related injury attendances on Friday and Saturday nights. There were more attendances on Saturday night compared to Friday (Saturdays=953; 56%). Over a quarter (26%) of attendances on Friday and Saturday nights were between 02:00 and 03:59, followed by 00:00-01:59 (22%).

**Table 16: Assault injury attendances to Lancashire AEDs on Friday and Saturday nights by attendance day and time group, 2012/13**

Time group	Friday night		Saturday night		Total	
	n	%	n	%	n	%
18:00-19:59	61	8	85	9	146	9
20:00-21:59	82	11	122	13	204	12
22:00-23:59	122	16	143	15	265	15
00:00-01:59	172	23	203	21	375	22
02:00-03:59	201	27	238	25	439	26
04:00-05:59	119	16	162	17	281	16
<b>Total</b>	757	100	953	100	1710	100

Table 17 demonstrates the location of the assault. Where a location was recorded, just under half (46%) occurred in a public place. Eighteen per cent of assaults were recorded as taking place in the home, with the same proportion recorded as other.

**Table 17: Assault injury attendances to Lancashire AEDs by incident location and month, 2012/13<sup>5</sup>**

Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%
Public place	175	149	144	182	186	157	156	158	159	112	113	130	1821	46
Home	64	67	68	64	79	51	67	52	63	51	38	68	732	18
Other	47	39	70	75	63	90	72	45	63	66	35	45	710	18
Public building	25	21	23	30	24	30	19	25	23	11	19	17	267	7
Work	24	22	29	8	14	15	16	24	14	10	9	13	198	5
Educational establishment	<10	13	11	***	0	9	8	10	7	13	7	11	99	2
Home - other person's	7	8	***	***	10	13	6	6	8	7	***	***	80	2
Prison	0	***	***	***	***	***	***	5	***	***	***	***	26	1
Public park/ playground	0	5	***	***	***	***	***	0	***	***	***	***	18	0
Holiday	0	0	***	***	***	***	0	***	0	***	0	0	9	0
Garden	***	0	0	0	0	***	***	0	0	0	0	0	***	0
Hospital	0	0	0	0	***	***	0	0	***	0	0	0	***	0
Public transport	***	0	0	0	0	0	0	0	0	0	0	***	***	0
Special event	0	***	0	0	0	0	0	***	0	0	0	0	***	0
Sport	***	0	0	0	0	0	0	0	***	0	0	0	***	0
Bus station	0	0	***	0	0	0	0	0	***	0	0	0	***	0
Unknown	***	0	0	0	0	0	0	0	0	0	0	0	***	0
<b>Total</b>	<b>353</b>	<b>327</b>	<b>353</b>	<b>370</b>	<b>383</b>	<b>373</b>	<b>352</b>	<b>327</b>	<b>343</b>	<b>273</b>	<b>229</b>	<b>291</b>	<b>3974</b>	<b>100</b>

\* Royal Blackburn Hospital does not record the location of the incident and has therefore been omitted from this table (n=2,146).

For the AEDs in Lancashire that record the source of referral for the attendee, 53% were self-referred and almost one-fifth (19%) was referred by the emergency services (Table 18).

<sup>5</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.

**Table 18: Assault injury attendances to Lancashire AEDs by source of referral and month, 2012/13\*<sup>^</sup><sup>T</sup>**

Source of referral	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%
Self-referral	159	161	193	184	208	184	194	181	204	162	135	167	2132	53
Emergency services	57	54	62	112	66	61	69	66	66	52	40	60	765	19
Unknown	60	77	53	68	60	69	54	60	87	54	46	59	747	18
Other	16	13	14	16	15	16	18	***	13	<15	11	7	152	4
Prison, police or court	11	<15	8	13	18	20	15	***	9	7	11	10	136	3
Health care provider	5	8	5	8	10	5	***	***	***	8	***	***	64	2
Work	***	0	***	***	***	***	***	***	***	0	***	0	18	0
General medical practitioner	0	0	***	***	***	***	***	***	0	***	***	***	14	0
Educational establishment	0	***	***	0	0	0	0	***	***	0	***	***	10	0
Accident and emergency	***	0	0	0	***	0	0	0	0	0	0	0	***	0
General dental practitioner	0	0	***	0	0	0	0	0	0	0	0	0	***	0
<b>Total</b>	<b>312</b>	<b>324</b>	<b>340</b>	<b>405</b>	<b>382</b>	<b>358</b>	<b>358</b>	<b>323</b>	<b>387</b>	<b>294</b>	<b>249</b>	<b>309</b>	<b>4041</b>	<b>100</b>

\* Chorley and South Ribble Hospital (n=620) and Royal Preston Hospital (n=1,459) do not collect the source of referral and have therefore been omitted from this table.

<sup>^</sup> Emergency services include referrals made by Accident and Emergency.

Table 19 illustrates that four in ten (40%) assault injury attendees arrived to the AED by private transport and almost a quarter (23%) arrived by ambulance.

**Table 19: Assault injury attendances to Lancashire AEDs by mode of arrival and month, 2012/13\***

Mode of arrival	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%
Private transport	178	210	203	200	241	224	212	203	221	195	169	187	2443	40
Ambulance	119	108	122	156	137	125	138	121	127	98	73	104	1428	23
Unknown	62	76	53	72	61	71	56	58	82	54	45	56	746	12
Other	47	39	50	29	40	20	25	16	29	20	26	23	364	6
By foot	18	11	24	37	34	37	41	36	29	26	17	32	342	6
Taxi	23	26	16	22	28	28	21	20	35	23	25	18	285	5
Dropped off	22	18	15	12	9	26	13	24	23	17	12	7	198	3
Public transport	15	14	18	17	17	19	12	13	8	17	8	14	172	3
Police/ prison escort	9	17	21	13	8	13	15	13	11	7	7	8	142	2
<b>Total</b>	<b>493</b>	<b>519</b>	<b>522</b>	<b>558</b>	<b>575</b>	<b>563</b>	<b>533</b>	<b>504</b>	<b>565</b>	<b>457</b>	<b>382</b>	<b>449</b>	<b>6120</b>	<b>100</b>

\* AED arrivals made by ambulance also include those brought in by helicopter/ air ambulance.

Over half (53%) of assault attendees to a Lancashire AED were discharged. Just less than a quarter (24%) required follow-up treatment and 8% were admitted (Table 20).

<sup>T</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.

**Table 20: Assault injury attendances to Lancashire AEDs by disposal method and month, 2012/13<sup>U</sup>**

Disposal method	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%
Discharged	261	251	272	278	316	309	286	279	320	272	214	263	3321	54
Follow-up/ referral	140	158	158	155	135	143	123	122	142	114	90	102	1582	26
Other	56	65	57	69	68	56	65	58	60	32	36	48	670	11
Admitted	<40	<45	35	<55	<55	50	<60	40	35	34	36	29	499	8
Unknown	***	***	0	***	***	5	***	5	8	5	6	7	48	1
<b>Total</b>	493	519	522	558	575	563	533	504	565	457	382	449	6120	100

Table 21 illustrates the disposal method by age group and gender of the assault attendee. Of the attendees who required a follow-up or referral for further treatment, over four in ten (42%) were males aged 15-29 years. Similarly, 44% of 15-29 year old males were admitted to hospital.

**Table 21: Assault injury attendances to Lancashire AEDs by disposal method and age group and gender, 2012/13<sup>U</sup>**

	Age group and gender												Persons	%
	0-4		5-14		15-29		30-59		60+		Total			
<b>Total persons</b>	14		316		3371		2289		130		6120			
Disposal method	F	M	F	M	F	M	F	M	F	M	F	M	Persons	%
Discharged	***	***	56	152	524	1284	378	845	26	50	987	2334	3321	54
Follow-up /referral	***	***	24	58	227	667	167	407	12	17	431	1151	1582	26
Other	0	0	<10	8	90	300	69	192	***	***	167	503	670	11
Admitted	***	***	***	<10	<35	220	<40	178	***	13	79	420	499	8
Unknown	0	0	0	***	***	25	***	12	0	***	6	42	48	1
<b>Grand Total</b>	8	6	88	228	875	2496	655	1634	44	86	1670	4450	6120	100

Four of the six Lancashire AEDs<sup>V</sup> collect additional information surrounding the assault, as per the College of Emergency Medicine (CEM)<sup>W</sup> guidelines, for the purposes of violence prevention<sup>11</sup>. Table 67 in Section 5.1 outlines what is collected by each of the AEDs and Section 5.2 shows the completion rates for this supplementary data. The data items set out in the CEM guidance include:

- Date and time of assault;
- Assault location e.g. *pub, public place*;
- Detailed assault location i.e. free text description such as the name of a bar or street; and,
- Assault weapon e.g. *fist, knife*.

<sup>U</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.

<sup>V</sup> Blackpool Victoria Hospital; Chorley and South Ribble Hospital; Ormskirk District General Hospital; and, Royal Preston Hospital.

<sup>W</sup> The College of Emergency Medicine (CEM) is responsible for setting standards of education and research in emergency medicine. For further information visit: <http://www.collemergencymed.ac.uk/>. The guideline for information sharing to reduce community violence can be accessed here: <http://www.collemergencymed.ac.uk/Shop-Floor/Clinical%20Guidelines/>.

Furthermore, a number of AEDs also collect supplementary data that are useful at a local level, for example:

- Whether the patient consumed alcohol prior to the assault;
- The location of where drink was last consumed prior to the assault; and,
- Information surrounding the attacker/s i.e. number of attacker/s, gender, relationship.

Almost half (48%) of the injury attendances to the four AEDs that collect additional assault information had not completed the field to indicate the assault weapon and have therefore been omitted from Table 22 (please see Section 5.2 for completion rates of these fields). Of the 1,913 attendances with data recorded reporting the assault weapon, seven in ten (70%) of attendees had been attacked by a body part e.g. fist or head. The same proportion of attendees reported a blunt object or sharp object being used to inflict the injuries (both 9%).

**Table 22: Assault injury attendances to Lancashire AEDs by assault weapon, 2012/13<sup>x,y</sup>**

Assault weapon	n	%
Body part	1342	70
Unknown	177	9
Blunt object	171	9
Sharp object	167	9
Pushed	47	2
Other	6	0
Fire arms/explosives	***	0
Glass	***	0
Refused to Answer	***	0
<b>Grand Total</b>	<b>1913</b>	<b>100</b>

There were 1,972 assault attendees with information recorded to indicate if alcohol had been consumed in the three hours prior to the incident. Of these, three in five (60%) had consumed alcohol compared to 39% who had not (Table 23).

<sup>x</sup> AEDs that collect data on the assault weapon used include: Blackpool Victoria Hospital, Chorley and South Ribble Hospital, Ormskirk District General Hospital and Royal Preston Hospital.

<sup>y</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.

**Table 23: Assault injury attendances to Lancashire AEDs by alcohol consumed in the three hours prior to the incident, 2012/13<sup>Z</sup>**

Alcohol consumed prior to the incident	n	%
Yes	1182	60
No	768	39
Unable to answer	16	1
Refused to answer	6	0
<b>Total</b>	<b>1972</b>	<b>100</b>

Table 24 looks at the location of where alcohol was last consumed prior to the incident. Almost half (47%) of the 766 attendances with data recorded had last consumed alcohol in a pub or bar. Thirteen per cent had consumed alcohol at home, followed by 11% in a nightclub and 10% in a friend's home.

**Table 24: Assault injury attendances to Lancashire AEDs by location last drink consumed, 2012/13<sup>AA, BB</sup>**

Location last drink consumed	n	%
Pub/bar	357	47
Home	102	13
Nightclub	82	11
Friend's home	80	10
Other	51	7
No drink	40	5
Street/road	25	3
Unable to answer	19	2
Green space/park	5	1
Refused to answer	***	1
Unknown	***	0
<b>Total</b>	<b>766</b>	<b>100</b>

For the two AEDs that collect this data<sup>CC</sup>, Table 25 indicates the majority (94%) of assault-related attendances have been or will be reported to the police. As this information is only captured by two of the AEDs in Lancashire, figures should be treated with caution.

<sup>Z</sup> AEDs that collect data on whether alcohol has been consumed in the three hours prior to the assault include: Chorley and South Ribble Hospital and Royal Preston Hospital.

<sup>AA</sup> AEDs that collect data on the location of where alcohol was last consumed prior to the assault include: Chorley and South Ribble Hospital, Ormskirk District General Hospital and Royal Preston Hospital.

<sup>BB</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.

<sup>CC</sup> AEDs that collect data on whether the police have been or will be informed of the assault include: Chorley and South Ribble Hospital and Royal Preston Hospital.

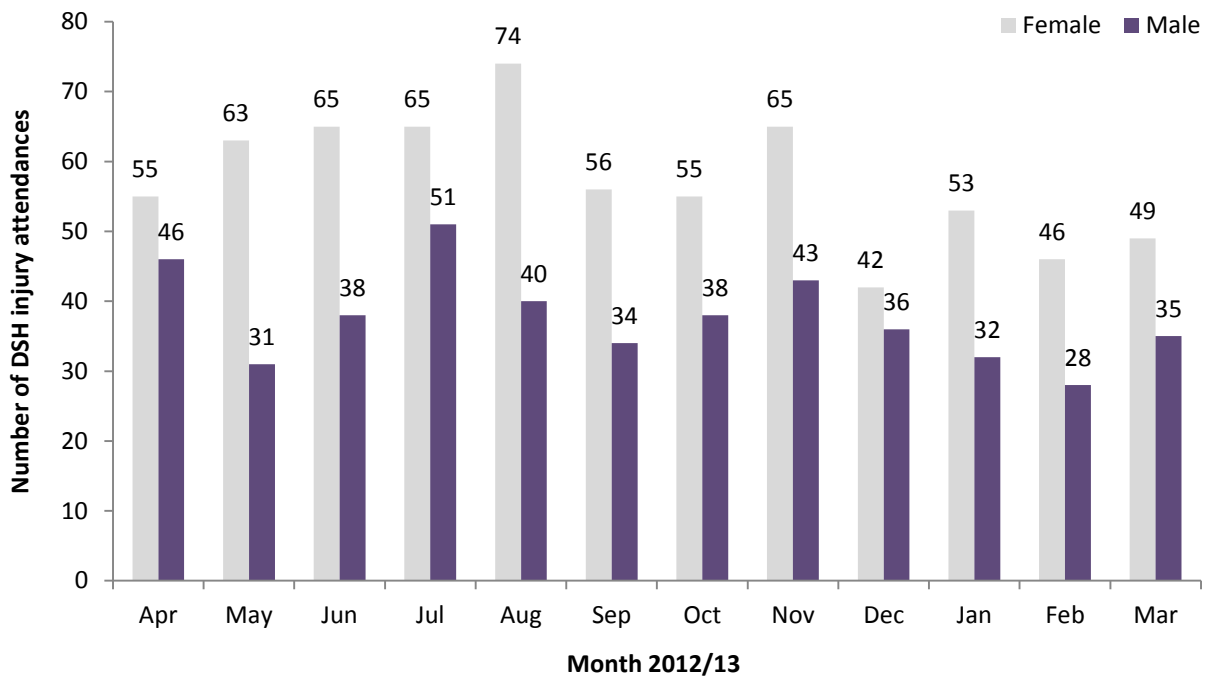
**Table 25: Assault injury attendances to Lancashire AEDs by incident reported to the police, 2012/13<sup>DD</sup>**

Reported to police	Total	%
Yes	478	94
No	22	4
Unknown	11	2
<b>Total</b>	<b>511</b>	<b>100</b>

### 3.2 Deliberate Self-Harm

In 2012/13, Lancashire AEDs saw 1,140 attendances due to deliberate self-harm (DSH) with one in ten (10%) of attendances in July 2012 (n=116). The month with the fewest attendances was February 2013 (n=74; 6%). There were more female than male attendees to Lancashire AEDs due to injuries caused by DSH (female=688; 60%) (Figure 6).

**Figure 6: Deliberate self-harm injury attendances to Lancashire AEDs by gender and month, 2012/13**



Almost half (48%) of attendees presenting with DSH-related injuries were aged between 15 and 29 years, followed by 43% aged between 30 and 59 (Figure 7).

<sup>DD</sup> AEDs that collect data on whether the police have been or will be informed of the assault include: Chorley and South Ribble Hospital and Royal Preston Hospital.



**Figure 7: Deliberate self-harm injury attendances to Lancashire AEDs by age group and month, 2012/13**

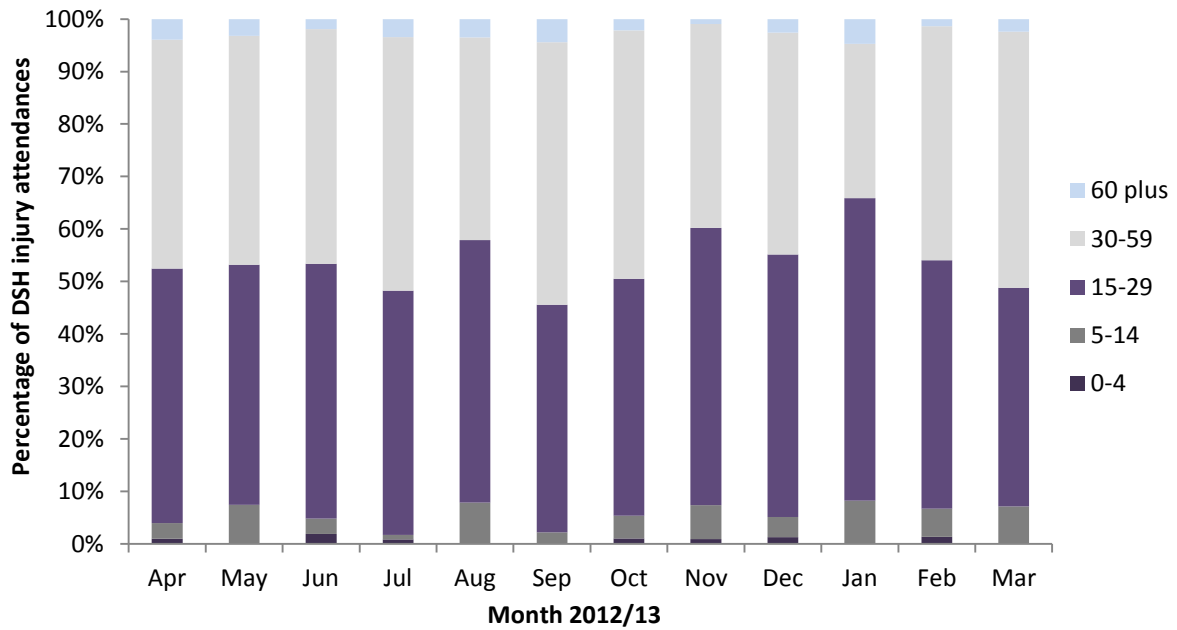


Table 26 looks at age groups in more detail. The age groups with the most number of attendances owing to DSH were 15-19 and 20-24 years; 15-24 year olds accounted for a total of 427 attendances to Lancashire AEDs (37%). Overall, half (50%) of attendees were in their twenties or thirties.

Females aged between 15 and 19 years made up 14% of all DSH attendances followed by 12% of females aged between 20 and 24. Overall, 15-24 year old females accounted for just over a quarter (26%) of all attendances due to DSH.

**Table 26: Deliberate self-harm injury attendances to Lancashire AEDs by age group and gender, 2012/13<sup>EE</sup>**

Age group	Gender					
	Female		Male		Total	
	n	%	n	%	n	%
0-4	***	0	<10	1	8	1
5-9	***	0	***	1	6	1
10-14	39	6	11	2	50	4
15-19	156	23	60	13	216	19
20-24	135	20	76	17	211	19
25-29	65	9	57	13	122	11
30-34	58	8	60	13	118	10
35-39	63	9	51	11	114	10
40-44	71	10	43	10	114	10
45-49	43	6	37	8	80	7
50-54	24	3	27	6	51	4
55-59	9	1	8	2	17	1
60-64	7	1	5	1	12	1
65-69	***	1	***	1	8	1
70-74	***	1	***	0	5	0
75+	<10	1	***	1	8	1
<b>Total</b>	<b>688</b>	<b>100</b>	<b>452</b>	<b>100</b>	<b>1140</b>	<b>100</b>

Table 27 demonstrates the time group and day of attendance to the AED. Attendances due to DSH peaked on Thursday (n=174; 15%). Between 22:00 and 01:59 over a quarter (26%) of attendees presented with injuries owing to DSH.

<sup>EE</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.

**Table 27: Deliberate self-harm injury attendances to Lancashire AEDs by time group and day of attendance, 2012/13<sup>FF</sup>**

Time group	Day of attendance															
	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
00:00-01:59	13	9	23	14	25	15	20	11	21	12	23	14	20	13	145	13
02:00-03:59	11	7	19	11	13	8	16	9	17	10	21	13	24	15	121	11
04:00-05:59	***	3	11	7	8	5	<10	3	7	4	16	10	18	11	70	6
06:00-07:59	***	2	***	1	<10	4	***	1	7	4	8	5	7	4	34	3
08:00-09:59	7	5	<10	3	***	2	5	3	6	4	***	2	<10	3	35	3
10:00-11:59	7	5	9	5	9	6	17	10	11	7	<10	4	***	3	63	6
12:00-13:59	19	13	12	7	11	7	7	4	14	8	7	4	9	6	79	7
14:00-15:59	23	15	14	8	10	6	15	9	8	5	8	5	12	8	90	8
16:00-17:59	13	9	14	8	15	9	15	9	19	11	10	6	11	7	97	9
18:00-19:59	15	10	17	10	15	9	26	15	23	14	17	11	16	10	129	11
20:00-21:59	11	7	18	11	28	17	19	11	15	9	26	16	13	8	130	11
22:00-23:59	23	15	24	14	19	12	26	15	21	12	16	10	18	11	147	13
<b>Total</b>	149	100	167	100	163	100	174	100	169	100	161	100	157	100	1140	100

Of the AEDs that recorded the location of incident, over seven in ten (71%) of the DSH injuries occurred at home and over one in ten (12%) occurred in a public place (Table 28).

**Table 28: Deliberate self-harm injury attendances to Lancashire AEDs by incident location and month, 2012/13<sup>FF</sup>**

Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%
Home	54	50	50	61	63	44	47	59	40	51	37	37	593	71
Public place	10	13	9	16	7	8	13	9	5	6	***	***	103	12
Other	12	5	8	11	11	8	7	9	***	8	***	***	91	11
Prison	***	0	***	***	0	0	0	0	***	***	0	***	12	1
Educational establishment	0	***	0	0	0	0	***	***	0	***	***	***	11	1
Hospital	0	0	***	***	***	***	0	***	0	0	***	***	11	1
Home - other person's	0	***	***	***	***	***	***	0	0	***	***	0	<15	1
Public building	***	0	0	0	0	0	0	0	0	***	0	0	***	0
<b>Total</b>	77	70	72	93	83	63	70	84	50	71	47	52	832	100

\* Royal Blackburn Hospital does not record the location of the incident and has therefore been omitted from this table (n=308).

Table 29 shows that a third (33%) of attendances were referred by the emergency services with just over three in ten (31%) being self-referrals. The source of referral was unknown for just over one-fifth (21%) of attendances.

<sup>FF</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.

**Table 29: Deliberate self-harm injury attendances to Lancashire AEDs by source of referral and month, 2012/13<sup>GG</sup>**

Source of referral	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%
Emergency services	32	26	28	35	32	35	23	25	15	11	13	19	294	33
Self-referral	25	23	23	18	25	14	29	36	16	25	18	26	278	31
Unknown	18	15	19	17	17	16	16	15	19	8	16	14	190	21
Prison, police or court	5	7	7	15	10	<10	***	***	***	***	***	***	68	8
Other	***	***	***	***	***	0	***	***	<10	***	***	5	40	4
Health care provider	***	***	***	***	<10	0	***	***	0	***	0	0	14	2
Educational establishment	0	0	0	0	0	0	***	***	0	***	***	0	7	1
General medical practitioner	***	0	0	***	0	***	***	***	0	0	0	***	6	1
<b>Total</b>	<b>86</b>	<b>77</b>	<b>82</b>	<b>89</b>	<b>93</b>	<b>73</b>	<b>78</b>	<b>84</b>	<b>58</b>	<b>54</b>	<b>56</b>	<b>67</b>	<b>897</b>	<b>100</b>

\* Chorley and South Ribble Hospital (n=54) and Royal Preston Hospital (n=189) do not collect the source of referral and have therefore been omitted from this table.

As indicated in Table 30, over a third (35%) of DSH attendees arrived by ambulance and a quarter (25%) attended the AED by private transport.

**Table 30: Deliberate self-harm injury attendances to Lancashire AEDs by mode of arrival and month, 2012/13<sup>GG</sup>**

Mode of arrival	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%
Ambulance	40	34	36	51	43	32	32	36	24	27	19	24	398	35
Private transport	16	24	25	18	22	22	27	35	17	27	18	29	280	25
Unknown	18	15	20	17	18	15	16	15	18	8	17	14	191	17
Other	18	13	12	13	13	5	8	6	11	9	<10	***	119	10
By foot	***	***	***	11	6	7	7	8	***	8	5	5	69	6
Public transport	***	***	***	***	***	***	***	***	0	***	***	***	33	3
Police/ prison escort	0	***	***	***	***	***	***	***	***	***	***	***	24	2
Taxi	***	***	***	0	5	0	***	0	***	***	***	5	21	2
Dropped off	0	0	0	0	0	***	0	***	0	***	0	***	5	0
<b>Total</b>	<b>101</b>	<b>94</b>	<b>103</b>	<b>116</b>	<b>114</b>	<b>90</b>	<b>93</b>	<b>108</b>	<b>78</b>	<b>85</b>	<b>74</b>	<b>84</b>	<b>1140</b>	<b>100</b>

\* AED arrivals made by ambulance also include those brought in by helicopter/ air ambulance.

Of the DSH attendances to Lancashire AEDs, almost two-fifths (38%) were discharged from hospital with nearly a quarter (23%) admitted (Table 31). Just under a fifth (18%) required a follow-up or referral for further treatment.

<sup>GG</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.

**Table 31: Deliberate self-harm injury attendances to Lancashire AEDs by disposal method and month, 2012/13<sup>HH</sup>**

Disposal method	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%
Discharged	40	35	38	38	41	33	26	43	35	36	31	34	430	38
Admitted	22	26	28	32	23	25	20	25	21	16	11	16	265	23
Follow-up/ referral	20	17	23	27	23	<20	12	17	***	13	16	19	208	18
Other	13	14	9	<20	22	13	21	15	<15	11	7	9	163	14
Unknown	6	***	***	***	5	***	14	8	7	9	9	6	<75	6
Died	0	***	***	0	0	0	0	0	0	0	0	0	***	0
<b>Total</b>	<b>101</b>	<b>94</b>	<b>103</b>	<b>116</b>	<b>114</b>	<b>90</b>	<b>93</b>	<b>108</b>	<b>78</b>	<b>85</b>	<b>74</b>	<b>84</b>	<b>1140</b>	<b>100</b>

Looking at the disposal method by age group and gender, a third (33%) of attendees admitted were females aged between 15 and 29 years (Table 32). A similar proportion (34%) of patients with the same demographics – 15-29 year old females – accounted for the total number of those requiring a referral or follow-up treatment.

**Table 32: Deliberate self-harm injury attendances to Lancashire AEDs by disposal method, age group and gender, 2012/13<sup>HH</sup>**

	Age group and gender												Persons	%
	0-4		5-14		15-29		30-59		60+		Total			
<b>Total persons</b>	8		56		549		494		33		1140			
Disposal method	F	M	F	M	F	M	F	M	F	M	F	M	Persons	%
Discharged	0	***	11	6	132	77	111	92	6	***	260	182	442	39
Admitted	***	***	26	<10	95	45	56	44	8	5	187	101	288	25
Follow-up/ referral	0	0	***	***	80	37	47	57	6	***	137	101	238	21
Other	0	***	***	0	<50	32	<55	33	0	0	<105	66	167	15
Unknown	0	0	0	0	***	***	***	0	0	0	***	***	***	0
Died	0	0	0	0	0	***	0	0	0	0	0	***	***	0
<b>Total</b>	<b>***</b>	<b>&lt;10</b>	<b>42</b>	<b>14</b>	<b>356</b>	<b>193</b>	<b>268</b>	<b>226</b>	<b>20</b>	<b>13</b>	<b>688</b>	<b>452</b>	<b>1140</b>	<b>100</b>

### 3.3 Fall

Only two of the six AEDs in Lancashire record injuries caused by a fall as a separate injury category: Chorley and South Ribble Hospital and Royal Preston Hospital. Therefore as noted in Section 2, fall-related injuries will be under-represented. However, as falls account for the highest number of attendances within the specified injury groups, it is essential to report on this injury group.

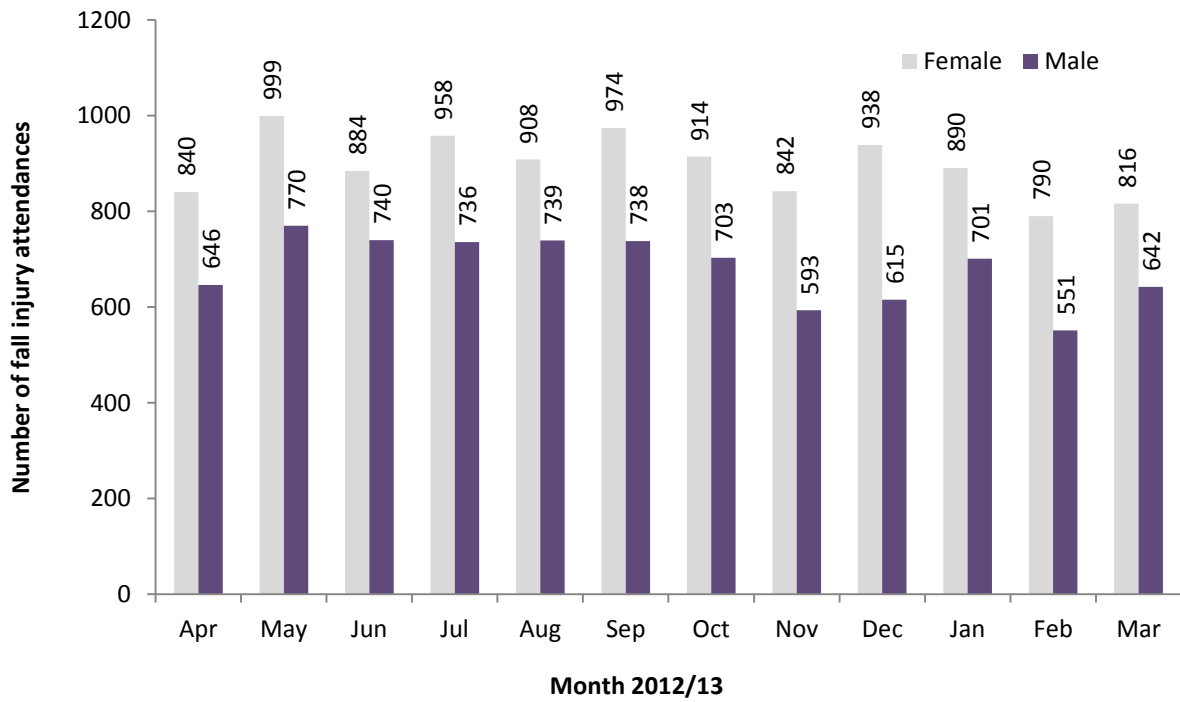
There were 18,929 injury attendances due to a fall in 2012/13. There were similar numbers of fall injury attendances across the twelve month period. The month with highest number of attendances

<sup>HH</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.

was May 2012 with 1,769 (9%), comparable with 7% in February 2013, the month with the fewest attendances relating to a fall.

As illustrated in Figure 8, there were more female than male fall attendees to the two AEDs (females=10,753; 57%).

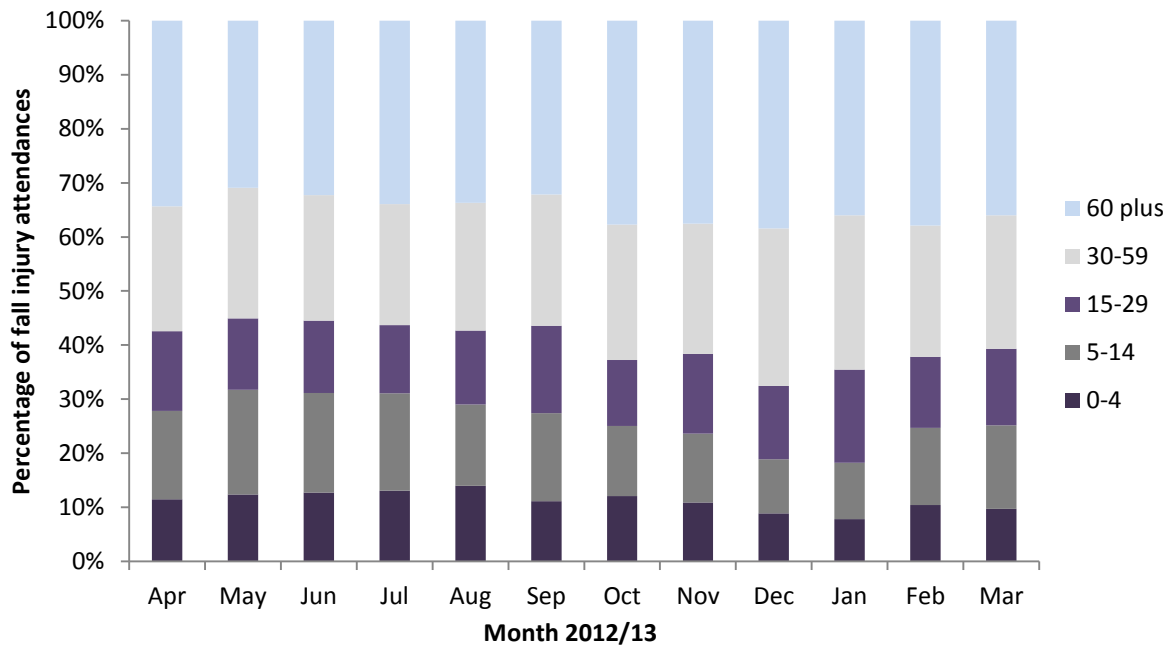
**Figure 8: Fall injury attendances to Chorley and South Ribble Hospital and Royal Preston Hospital by gender and month, 2012/13\***



\* There were two attendances where the gender was unknown.

Over a third (35%) of attendees with injuries owing to a fall were aged 60 years and over, followed by a quarter (25%) aged between 30 and 59 (Figure 9).

**Figure 9: Fall injury attendances to Chorley and South Ribble Hospital and Royal Preston Hospital by age group and month, 2012/13**



Looking at five-year age groupings, those aged 75 years plus accounted for over one in five (22%) of the total number of fall attendees, followed by 0-4 year olds (11%) (Table 33). Females aged 75 years plus made up 15% of all fall-related injuries, with males of the same age group category accounting for 7%. Conversely, within the 0-4 years old age group there were more males than females (males=56%), with males making up 6% of all injuries caused by a fall and 5% females.

**Table 33: Fall injury attendances to Chorley and South Ribble Hospital and Royal Preston Hospital by age group and gender, 2012/13\***

Age group	Gender					
	Female		Male		Total	
	n	%	n	%	n	%
0-4	947	9	1189	15	2136	11
5-9	658	6	812	10	1471	8
10-14	621	6	753	9	1374	7
15-19	515	5	431	5	946	5
20-24	497	5	448	5	945	5
25-29	390	4	380	5	770	4
30-34	346	3	294	4	640	3
35-39	372	3	334	4	706	4
40-44	452	4	380	5	832	4
45-49	517	5	358	4	875	5
50-54	517	5	364	4	882	5
55-59	475	4	263	3	738	4
60-64	501	5	314	4	815	4
65-69	496	5	307	4	803	4
70-74	527	5	300	4	827	4
75+	2922	27	1247	15	4169	22
<b>Total</b>	10753	100	8174	100	18929	100

\* There were two attendances where the gender was unknown; these have been included in the total figure.

At Chorley and South Ribble Hospital and Royal Preston Hospital, the number of fall-related injury attendances peaked between the hours of 10:00 and 11:59 (16%). Almost seven in ten (69%) of attendances were between 10:00 and 19:59 (Table 34).

Monday saw the highest number of attendances (n=3,097; 16%) followed by 15% on Sunday and 14% on Wednesday.



**Table 34: Fall injury attendances to Chorley and South Ribble Hospital and Royal Preston Hospital by time group and day of attendance, 2012/13**

Time group	Day of attendance															
	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
00:00-01:59	74	2	64	2	60	2	51	2	72	3	94	4	131	5	546	3
02:00-03:59	52	2	48	2	42	2	48	2	36	1	62	2	93	3	381	2
04:00-05:59	37	1	31	1	28	1	34	1	20	1	49	2	67	2	266	1
06:00-07:59	63	2	53	2	69	3	50	2	46	2	60	2	59	2	400	2
08:00-09:59	343	11	252	10	264	10	252	10	254	10	201	8	221	8	1787	9
10:00-11:59	467	15	427	16	469	17	359	14	417	16	408	16	419	15	2966	16
12:00-13:59	443	14	378	14	391	14	355	14	391	15	347	14	417	14	2722	14
14:00-15:59	410	13	332	13	319	12	318	12	336	13	356	14	383	13	2454	13
16:00-17:59	429	14	351	13	357	13	367	14	351	14	328	13	386	13	2569	14
18:00-19:59	412	13	357	14	364	13	347	14	303	12	275	11	364	13	2422	13
20:00-21:59	248	8	217	8	245	9	254	10	206	8	214	8	247	9	1631	9
22:00-23:59	119	4	104	4	101	4	122	5	119	5	127	5	93	3	785	4
<b>Total</b>	3097	100	2614	100	2709	100	2557	100	2551	100	2521	100	2880	100	18929	100

Almost half (46%) of falls occurred in the home, followed by over one-fifth (22%) in a public place (Table 35).

**Table 35: Fall injury attendances to Chorley and South Ribble Hospital and Royal Preston Hospital by incident location and month, 2012/13<sup>ii</sup>**

Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%
Home	732	728	715	750	717	751	769	686	771	720	631	704	8674	46
Public place	302	393	352	373	430	431	329	286	335	353	276	299	4159	22
Other	158	163	170	191	173	177	161	139	184	211	131	128	1986	10
Educational establishment	<55	110	67	70	***	66	102	93	58	76	88	111	894	5
Work	58	76	47	67	56	75	76	67	52	84	60	51	769	4
Home – other person’s	49	54	61	45	48	38	37	32	54	41	36	42	537	3
Garden	29	86	59	50	59	36	27	19	14	2	13	18	412	2
Public building	29	23	31	21	24	40	27	40	50	29	26	25	365	2
Holiday	25	32	47	42	44	32	22	25	8	19	18	20	334	2
Public park/ playground	20	44	32	30	54	29	21	14	7	8	19	14	292	2
Sport	19	21	21	32	20	19	24	20	13	21	16	24	250	1
Nursery	7	22	9	11	13	11	10	***	***	13	12	9	122	1
Hospital	***	7	8	7	***	5	6	5	***	9	7	6	66	0
Prison	***	6	***	***	***	***	***	***	***	***	***	5	30	0
Special event	***	***	0	***	0	0	***	***	***	***	***	***	20	0
Public transport	***	***	***	0	0	***	***	***	0	0	***	***	<20	0
Bus station	0	***	0	0	0	***	0	0	0	0	0	0	***	0
<b>Total</b>	<b>1486</b>	<b>1769</b>	<b>1624</b>	<b>1694</b>	<b>1647</b>	<b>1713</b>	<b>1618</b>	<b>1435</b>	<b>1553</b>	<b>1591</b>	<b>1341</b>	<b>1458</b>	<b>18929</b>	<b>100</b>

Table 36 illustrates the mode of arrival to the AEDs. Over half (55%) of attendees arrived by private transport followed by nearly three in ten (27%) who arrived by ambulance.

**Table 36: Fall injury attendances to Chorley and South Ribble Hospital and Royal Preston Hospital by mode of arrival and month, 2012/13<sup>ii</sup>**

Mode of arrival	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%
Private transport	870	1028	946	990	935	936	855	752	828	817	739	779	10475	55
Ambulance	381	422	412	421	426	467	470	426	452	428	382	404	5091	27
Dropped off	123	157	133	133	145	142	130	135	161	174	99	121	1653	9
Public transport	51	62	56	58	67	65	63	45	38	70	35	64	674	4
Taxi	41	64	45	54	47	69	62	47	52	64	54	56	655	3
By foot	9	27	24	28	20	27	27	24	16	28	28	24	282	1
Police/ prison escort	6	<10	<10	***	<10	***	<10	***	***	<10	***	<10	60	0
Other	***	***	***	5	***	5	***	***	***	***	***	***	<40	0
Unknown	***	0	0	***	0	***	0	0	0	0	0	0	***	0
<b>Total</b>	<b>1486</b>	<b>1769</b>	<b>1624</b>	<b>1694</b>	<b>1647</b>	<b>1713</b>	<b>1618</b>	<b>1435</b>	<b>1553</b>	<b>1591</b>	<b>1341</b>	<b>1458</b>	<b>18929</b>	<b>100</b>

<sup>ii</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.

As shown in Table 37, half (50%) of attendees with injuries caused by a fall were discharged. Nearly a third (31%) required a follow-up or referral for further treatment and 12% of attendees were admitted.

**Table 37: Fall injury attendances to Chorley and South Ribble Hospital and Royal Preston Hospital by disposal method and month, 2012/13<sup>JJ</sup>**

Disposal	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%
Discharged	674	799	712	720	780	813	798	781	837	940	757	834	9445	50
Follow-up/ referral	602	721	702	762	605	663	333	303	354	337	272	283	5937	31
Admitted	176	207	172	186	211	195	179	192	194	175	179	181	2247	12
Unknown	0	0	0	0	0	0	265	124	130	110	106	119	854	5
Other	34	<45	38	<25	<55	42	<45	35	38	29	<30	<45	438	2
Died	0	***	0	***	***	0	***	0	0	0	***	***	8	0
<b>Total</b>	<b>1486</b>	<b>1769</b>	<b>1624</b>	<b>1694</b>	<b>1647</b>	<b>1713</b>	<b>1618</b>	<b>1435</b>	<b>1553</b>	<b>1591</b>	<b>1341</b>	<b>1458</b>	<b>18929</b>	<b>100</b>

Table 38 illustrates the disposal method by age group and gender. Of those admitted to hospital, almost half (47%) were females aged 60 years and over, with just less than a quarter (24%) males of the same age group. Over a quarter (26%) of those requiring further treatment via a referral or follow-up appointment were also females aged 60 years or more.

**Table 38: Fall injury attendances to Chorley and South Ribble Hospital and Royal Preston Hospital by disposal method, age group and gender, 2012/13<sup>\*JJ</sup>**

	Age group and gender												Persons	%
	0-4		5-14		15-29		30-59		60+		Total			
<b>Total persons</b>	2136		2845		2661		4673		6614		18929			
<b>Disposal method</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>		
<b>Discharged</b>	661	858	800	926	864	663	1419	933	1546	774	5290	4154	9445	50
<b>Follow-up</b>	204	232	401	517	461	504	1060	787	1791	827	3917	2867	6784	36
<b>Admitted</b>	54	61	55	83	36	46	139	175	1064	533	1348	898	2247	12
<b>Other</b>	28	38	23	39	41	46	61	<100	<45	<35	<195	<255	445	2
<b>Died</b>	0	0	0	0	0	0	0	***	***	***	***	***	8	0
<b>Total</b>	947	1189	1279	1565	1402	1259	2679	1993	4446	2168	10753	8174	18929	100

\* There were two attendances where the gender was unknown; these have been included in the total figures.

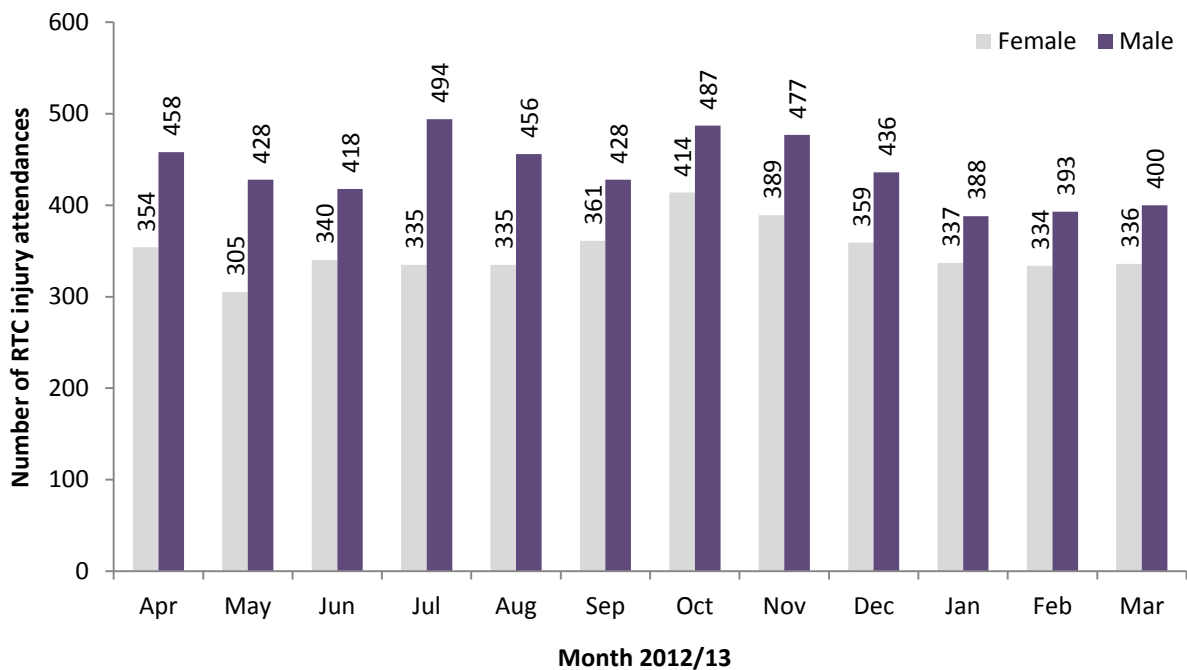
<sup>JJ</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.

### 3.4 Road Traffic Collision

There were 9,463 attendances to Lancashire AEDs due to a road traffic collision (RTC) in 2012/13. One in ten (10%) attendances owing to RTCs presented in October 2012 (n=902), with the fewest attendances in January 2013 (n=725).

There were more males than females presenting at an AED in Lancashire for injuries resulting from a RTC (males= 5,263; 56%) (Figure 10).

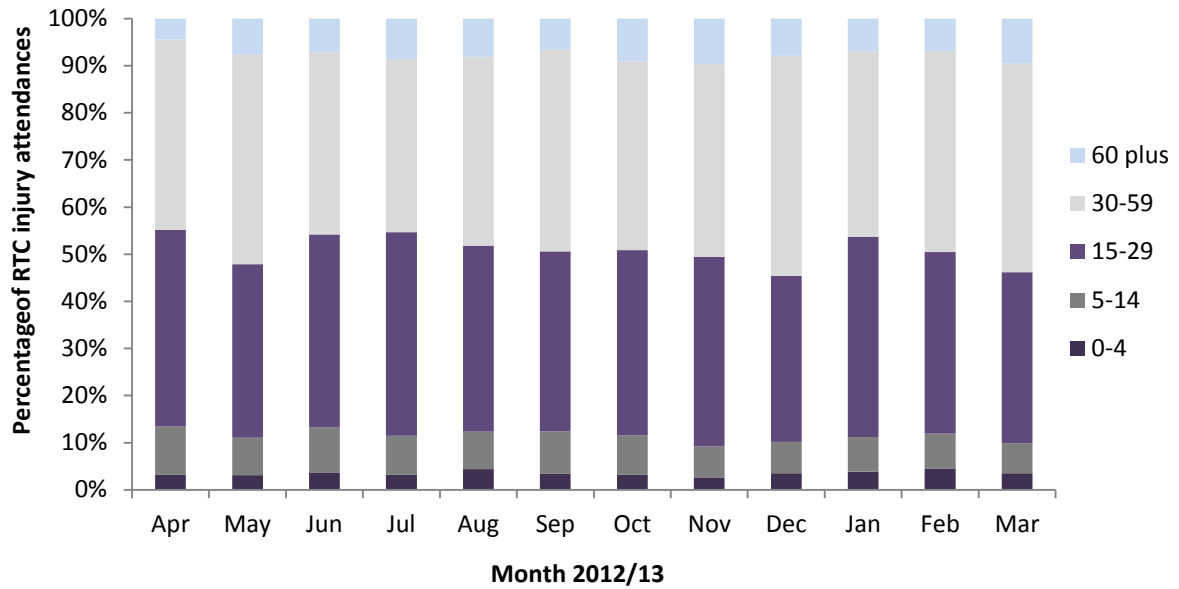
**Figure 10: Road traffic collision injury attendances to Lancashire AEDs by gender and month, 2012/13\***



\* There was one attendance where the gender was indeterminate/ unknown.

Figure 11 shows over four in ten (41%) of RTC attendees were aged between 30 and 59 years with a similar proportion (39%) aged between 15 and 29.

**Figure 11: Road traffic collision injury attendances to Lancashire AEDs by age group and month, 2012/13\***



\* There was one attendance where the age was unknown.

Table 39 looks at age groups in more detail. Almost three in ten (29%) RTC attendees were aged in their twenties. The 20-24 years age group had the largest number of attendees presenting due to injuries caused by a RTC (16%), followed by 13% in the 25-29 year category.

Almost one in ten (9%) of RTC attendees were males aged between 20 and 24 years followed by females of the same age group (7%).

**Table 39: Road traffic collision injury attendances to Lancashire AEDs by age group and month, 2012/13\***

	Gender					
	Female		Male		Total	
Age group	n	%	n	%	n	%
0-4	166	4	165	3	331	3
5-9	149	4	208	4	357	4
10-14	193	5	205	4	399	4
15-19	477	11	572	11	1049	11
20-24	684	16	812	15	1496	16
25-29	518	12	665	13	1183	13
30-34	400	10	506	10	906	10
35-39	307	7	434	8	741	8
40-44	307	7	460	9	767	8
45-49	295	7	381	7	676	7
50-54	217	5	284	5	501	5
55-59	139	3	184	3	323	3
60-64	105	3	111	2	216	2
65-69	85	2	106	2	191	2
70-74	53	1	56	1	109	1
75+	104	2	113	2	217	2
<b>Total</b>	4199	100	5263	100	9463	100

\* There was one attendance where the age was unknown and one attendance where the gender was unknown; these have been included in the total.

Injury attendances due to RTCs peaked on Friday (16%) (Table 40). Sixteen per cent of attendances were between 18:00 and 19:59, closely followed by 15% between 16:00 and 17:59.

**Table 40: Road traffic collision injury attendances to Lancashire AEDs by time group and day of attendance, 2012/13<sup>KK</sup>**

Time group	Day of attendance															
	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
00:00-01:59	22	2	16	1	32	2	36	3	28	2	22	2	27	3	183	2
02:00-03:59	11	1	<20	1	***	0	5	0	12	1	16	1	20	2	83	1
04:00-05:59	8	1	<10	0	<10	1	5	0	15	1	16	1	7	1	66	1
06:00-07:59	27	2	28	2	9	1	22	2	29	2	24	2	15	1	154	2
08:00-09:59	133	9	169	12	147	10	160	11	136	9	79	7	57	5	881	9
10:00-11:59	174	12	186	13	187	13	168	12	170	11	151	13	123	12	1159	12
12:00-13:59	189	13	163	12	144	10	159	11	173	11	189	16	145	14	1162	12
14:00-15:59	178	13	148	11	183	12	165	12	177	12	187	16	199	19	1237	13
16:00-17:59	217	15	201	14	238	16	213	15	241	16	182	15	135	13	1427	15
18:00-19:59	245	17	229	16	261	18	257	18	249	17	165	14	153	15	1559	16
20:00-21:59	140	10	153	11	182	12	145	10	175	12	114	9	109	10	1018	11
22:00-23:59	67	5	93	7	76	5	79	6	104	7	60	5	55	5	534	6
<b>Total</b>	<b>1411</b>	<b>100</b>	<b>1408</b>	<b>100</b>	<b>1471</b>	<b>100</b>	<b>1414</b>	<b>100</b>	<b>1509</b>	<b>100</b>	<b>1205</b>	<b>100</b>	<b>1045</b>	<b>100</b>	<b>9463</b>	<b>100</b>

Table 41 shows just less than three-quarters (72%) of RTC injuries occurred in a public place.

**Table 41: Road traffic collision injury attendances to Lancashire AEDs by incident location and month, 2012/13<sup>\*KK</sup>**

Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%
Public place	390	352	355	399	410	409	424	432	365	344	356	346	4582	72
Other	135	137	141	131	115	106	156	163	125	120	102	167	1598	25
Home	6	9	6	8	6	7	5	7	7	8	5	8	82	1
Public building	***	0	7	8	***	***	8	***	0	0	***	***	38	1
Work	***	***	***	7	***	***	0	***	***	0	0	***	24	0
Public transport	0	***	***	***	***	***	0	0	***	***	***	***	13	0
Holiday	***	***	***	***	***	0	0	***	0	0	0	***	10	0
Educational establishment	0	0	***	0	0	0	***	0	0	***	0	0	***	0
Hospital	0	0	0	0	0	0	***	0	0	***	***	0	***	0
Sport	0	0	***	***	***	0	0	0	0	0	0	***	***	0
Home - other person's	0	0	0	0	0	***	0	0	0	0	***	0	***	0
Bus station	0	0	0	0	0	***	***	0	0	0	0	0	***	0
Prison	0	0	0	***	***	0	0	0	0	0	0	0	***	0
Public park/playground	0	0	0	***	***	0	0	0	0	0	0	0	***	0
<b>Total</b>	<b>537</b>	<b>503</b>	<b>517</b>	<b>560</b>	<b>543</b>	<b>529</b>	<b>598</b>	<b>607</b>	<b>499</b>	<b>475</b>	<b>468</b>	<b>528</b>	<b>6364</b>	<b>100</b>

\* Royal Blackburn Hospital does not record the location of the incident and has therefore been omitted from this table (n=3,099).

<sup>KK</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.

Table 42 demonstrates the source of referral to the AED. Of the AEDs that collect this information, over six in ten (63%) were self-referred and 14% were referred by the emergency services

**Table 42: Road traffic collision injury attendances to Lancashire AEDs by source of referral and month, 2012/13\*<sup>^LL</sup>**

Source of referral	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%
Self-referral	329	268	268	303	262	286	326	296	293	316	302	241	3490	63
Emergency services	47	76	64	79	51	74	65	65	66	49	52	73	761	14
Unknown	52	41	53	63	76	62	74	77	92	59	64	45	758	14
Other	38	37	36	29	45	38	33	20	25	14	16	8	339	6
Health care provider	21	18	22	18	<20	<20	11	13	12	***	10	13	175	3
General medical practitioner	***	***	***	***	0	***	***	***	***	***	***	***	26	0
Prison, police or court	***	0	***	***	***	0	***	***	***	0	***	***	21	0
Work	***	0	***	0	0	0	0	0	0	***	0	0	5	0
Educational establishment	***	0	***	0	0	0	0	0	0	0	0	0	***	0
General dental practitioner	0	***	0	0	0	0	0	0	0	0	***	0	***	0
<b>Total</b>	<b>493</b>	<b>443</b>	<b>454</b>	<b>496</b>	<b>454</b>	<b>479</b>	<b>515</b>	<b>477</b>	<b>493</b>	<b>443</b>	<b>447</b>	<b>384</b>	<b>5578</b>	<b>100</b>

\* Chorley and South Ribble Hospital (n=1,399) and Royal Preston Hospital (n=2,486) do not collect the source of referral and have therefore been omitted from this table.

<sup>^</sup> Emergency services include referrals made by Accident and Emergency.

Over half (52%) of attendees for road traffic collisions arrived to the AED by private transport. One-fifth (20%) were brought in by ambulance (Table 43).

**Table 43: Road traffic collision injury attendances to Lancashire AEDs by mode of arrival and month, 2012/13\*<sup>LL</sup>**

Mode of arrival	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%
Private transport	459	388	399	432	411	384	462	431	412	368	379	389	4914	52
Ambulance	117	163	142	170	152	177	187	176	136	126	134	162	1842	19
Unknown	53	42	54	64	77	62	75	77	92	59	64	45	764	8
By foot	10	8	11	72	55	59	65	68	42	72	69	43	574	6
Other	102	66	77	30	25	28	28	35	29	44	34	17	515	5
Dropped off	45	37	46	33	40	44	51	34	57	37	28	53	505	5
Taxi	14	13	16	13	16	14	18	17	11	12	14	17	175	2
Public transport	12	<15	13	<15	<15	21	<20	<30	<20	7	5	10	167	2
Police/prison escort	0	***	0	***	***	0	***	***	***	0	0	0	7	0
<b>Total</b>	<b>812</b>	<b>733</b>	<b>758</b>	<b>829</b>	<b>791</b>	<b>789</b>	<b>902</b>	<b>866</b>	<b>795</b>	<b>725</b>	<b>727</b>	<b>736</b>	<b>9463</b>	<b>100</b>

\* AED arrivals made by ambulance also include those brought in by helicopter/ air ambulance.

<sup>LL</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.



Just under two-thirds (66%) of the RTC attendees were discharged and over one in five (21%) required follow-up treatment. Five per cent of the 9,463 attendees were admitted to hospital (Table 44).

**Table 44: Road traffic collision injury attendances to Lancashire AEDs by disposal method and month, 2012/13<sup>MM</sup>**

Disposal method	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%
Discharged	505	454	494	523	481	513	592	593	568	520	492	540	6275	66
Follow-up/ referral	212	168	207	220	215	176	177	151	128	121	142	105	2022	21
Admitted	35	47	23	52	51	42	32	39	35	34	40	32	462	5
Unknown	19	27	16	15	16	22	80	46	35	29	33	29	367	4
Other	<45	37	18	19	<30	<35	<20	<40	29	21	20	<30	329	3
Died	***	0	0	0	***	***	***	***	0	0	0	***	8	0
<b>Total</b>	<b>812</b>	<b>733</b>	<b>758</b>	<b>829</b>	<b>791</b>	<b>789</b>	<b>902</b>	<b>866</b>	<b>795</b>	<b>725</b>	<b>727</b>	<b>736</b>	<b>9463</b>	<b>100</b>

Table 45 shows a quarter (25%) of those admitted to hospital due to RTC-related injuries were males aged between 30 and 59 years with a further 21% of males admitted aged between 15 and 29. Of those who required a referral or follow-up for further treatment, just under three in ten (27%) were males aged between 30 and 59 years, followed by 21% who were males aged between 15 and 29 years and 19% who were 15-29 year old females.

**Table 45: Road traffic collision injury attendances to Lancashire AEDs by disposal method, age group and gender, 2012/13<sup>MM</sup>**

	Age group and gender												Persons	%
	0-4		5-14		15-29		30-59		60+		Total			
<b>Total persons</b>	331		756		3728		3914		733		9463			
Disposal method	F	M	F	M	F	M	F	M	F	M	F	M	Persons	%
Discharged	122	129	247	310	1156	1378	1179	1468	223	229	2927	3514	6442	68
Follow-up/ referral	26	22	64	74	410	462	387	582	82	84	969	1224	2193	23
Admitted	9	6	17	19	55	99	53	116	33	58	167	298	465	5
Other	<10	8	<15	<10	<60	<110	41	79	6	<15	125	216	341	4
Unknown	***	0	***	***	***	***	***	***	***	0	<10	5	13	0
Died	0	0	0	0	0	0	***	***	***	***	***	6	8	0
<b>Total</b>	<b>166</b>	<b>165</b>	<b>342</b>	<b>413</b>	<b>1679</b>	<b>2049</b>	<b>1665</b>	<b>2249</b>	<b>347</b>	<b>386</b>	<b>4199</b>	<b>5263</b>	<b>9463</b>	<b>100</b>

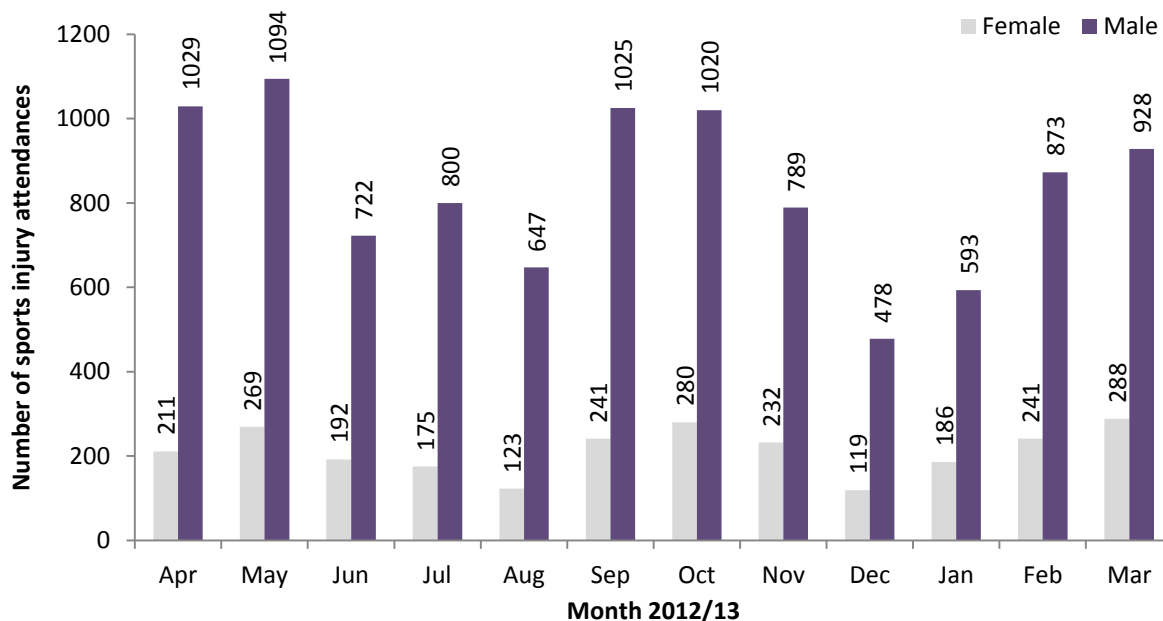
\* There was one attendance where the age was unknown and one attendance where the gender was unknown; these have been included in the total figures.

<sup>MM</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.

### 3.5 Sport

During 2012/13, there were 12,557 attendances to Lancashire AEDs as a result of a sports injury. Sport injury attendances peaked in May 2012 (n=1,363) compared to 597 in December. Figure 12 shows there were significantly more male than female attendees due to sports injury (males=9,998; 80%).

**Figure 12: Sports injury attendances to Lancashire AEDs by gender and month, 2012/13\***



\* There were two attendances where the gender was indeterminate/ unknown.

Almost half (49%) of all sports injury attendees were aged between 15 and 29 years followed by 31% aged between five and 14 and 18% aged between 30 and 59 (Figure 13).

**Figure 13: Sports injury attendances to Lancashire AEDs by age group and month, 2012/13**

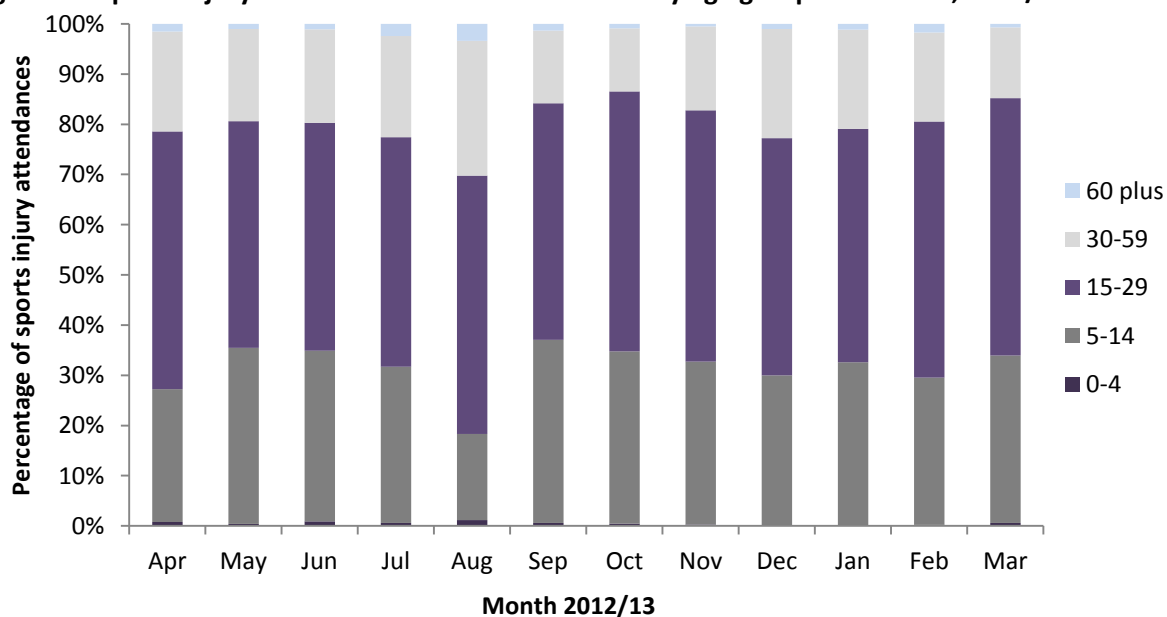


Table 46 demonstrates the gender and five-year age groups of attendees presenting with sports-related injuries. Over a quarter (27%) of all attendees with injuries due to sport were aged between 10 and 14 years. Overall, half (50%) of all attendees were aged between 10 and 19.

A fifth (20%) of attendees for sports injuries were male and aged between 10 and 14, followed by 19% of males aged between 15 and 19.

**Table 46: Sports injury attendances to Lancashire AEDs by age group and gender, 2012/13\***

Age group	Female		Male		Total	
	n	%	n	%	n	%
0-4	22	1	42	0	64	1
5-9	166	6	439	4	605	5
10-14	890	35	2461	25	3351	27
15-19	494	19	2388	24	2882	23
20-24	281	11	1653	17	1936	15
25-29	175	7	1134	11	1309	10
30-34	109	4	643	6	752	6
35-39	95	4	385	4	480	4
40-44	86	3	361	4	447	4
45-49	79	3	218	2	297	2
50-54	57	2	120	1	177	1
55-59	24	1	63	1	87	1
60-64	18	1	35	0	53	0
65-69	19	1	18	0	37	0
70-74	12	0	16	0	28	0
75+	30	1	22	0	52	0
<b>Total</b>	2557	100	9998	100	12557	100

\* There were two attendances where the gender was indeterminate/ unknown.

Table 47 demonstrates that sport injury attendances peaked on Sunday (17%) and Monday (16%). There were more attendances between 16:00-17:59 and 18:00-19:59 than any other time group (both 15%).

**Table 47: Sports injury attendances to Lancashire AEDs by time group and month, 2012/13<sup>NN</sup>**

Time group	Day of attendance															
	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
00:00-01:59	13	1	11	1	14	1	15	1	16	1	8	1	17	1	94	1
02:00-03:59	***	0	***	0	6	0	<10	0	9	1	***	0	<10	0	40	0
04:00-05:59	<10	0	<10	1	5	0	***	0	6	0	***	0	***	0	38	0
06:00-07:59	22	1	33	2	34	2	34	2	25	2	12	1	13	1	173	1
08:00-09:59	259	13	187	11	208	11	222	12	191	13	97	7	107	5	1271	10
10:00-11:59	288	14	176	10	221	11	210	11	205	14	186	12	265	13	1551	12
12:00-13:59	245	12	180	10	195	10	201	11	199	14	232	16	437	21	1689	13
14:00-15:59	204	10	199	12	228	12	217	11	194	13	283	19	403	19	1728	14
16:00-17:59	280	14	215	13	286	15	256	14	197	14	311	21	320	15	1865	15
18:00-19:59	301	15	278	16	332	17	287	15	183	13	183	12	260	13	1824	15
20:00-21:59	287	14	326	19	296	15	354	19	158	11	132	9	179	9	1732	14
22:00-23:59	97	5	97	6	102	5	87	5	60	4	41	3	68	3	552	4
<b>Total</b>	<b>2008</b>	<b>100</b>	<b>1715</b>	<b>100</b>	<b>1927</b>	<b>100</b>	<b>1895</b>	<b>100</b>	<b>1443</b>	<b>100</b>	<b>1491</b>	<b>100</b>	<b>2078</b>	<b>100</b>	<b>12557</b>	<b>100</b>

Table 48 displays location of incident for sport injury attendances to Lancashire AEDs. Two-fifths (40%) occurred at a sports event followed by just less than three in ten (29%) in a public place. Nearly one-fifth (17%) of sports injuries occurred at an educational establishment.

**Table 48: Sports injury attendances to Lancashire AEDs by incident location and month, 2012/13<sup>\*NN</sup>**

Location	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%
Sport	398	387	240	330	228	359	420	289	186	226	307	371	3741	40
Public place	292	291	187	224	182	311	271	194	130	155	246	235	2718	29
Educational establishment	79	170	99	<80	***	176	216	187	79	134	149	223	1590	17
Other	95	81	55	73	58	74	91	82	39	74	103	105	930	10
Home	32	33	33	40	47	43	37	17	8	13	16	21	340	4
Work	***	***	7	***	6	***	8	***	***	***	8	***	58	1
Holiday	***	***	***	***	0	***	0	0	***	7	***	6	28	0
Public park/ playground	***	6	***	0	***	***	***	0	***	***	0	***	21	0
Prison	***	***	0	***	***	0	0	0	0	***	0	***	7	0
Garden	***	***	0	0	0	***	0	0	0	0	***	0	6	0
Public building	0	0	***	0	0	***	***	***	0	0	0	0	5	0
Special event	0	0	0	0	0	0	0	***	***	0	0	0	***	0
Home - other person's	0	0	0	0	***	***	0	0	0	0	0	0	***	0
Hospital	0	0	0	0	***	***	0	0	0	0	0	0	***	0
<b>Total</b>	<b>912</b>	<b>975</b>	<b>625</b>	<b>751</b>	<b>525</b>	<b>974</b>	<b>1046</b>	<b>776</b>	<b>452</b>	<b>616</b>	<b>832</b>	<b>967</b>	<b>9451</b>	<b>100</b>

\* Royal Blackburn Hospital does not record the location of the incident and has therefore been omitted from this table (n=3,106).

<sup>NN</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.

Three-quarters of sports injury attendances were self-referrals to the AED (Table 49).

**Table 49: Sports injury attendances to Lancashire AEDs by source of referral and month, 2012/13\*<sup>^00</sup>**

Source of referral	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%
Self-referral	571	593	448	435	412	571	521	498	284	363	596	581	5873	75
Other	115	180	114	101	48	152	170	97	46	49	79	67	1218	16
Unknown	27	30	10	17	19	21	22	18	7	17	18	20	226	3
Emergency services	<20	20	16	20	18	21	24	16	***	13	10	18	197	3
Health care provider	23	10	6	9	11	17	10	11	5	15	16	18	151	2
Educational establishment	5	<10	6	***	0	<10	16	9	5	7	8	13	89	1
General medical practitioner	***	14	<10	***	<10	***	5	<10	***	<10	***	9	65	1
Work	0	0	0	0	0	0	***	***	***	***	***	0	6	0
Prison, police or court	0	***	***	0	***	0	0	0	0	0	0	0	<10	0
General dental practitioner	0	0	0	0	0	0	***	0	0	0	***	0	***	0
<b>Total</b>	<b>762</b>	<b>856</b>	<b>607</b>	<b>589</b>	<b>515</b>	<b>794</b>	<b>770</b>	<b>655</b>	<b>355</b>	<b>470</b>	<b>733</b>	<b>726</b>	<b>7832</b>	<b>100</b>

\* Chorley and South Ribble Hospital (n=2,001) and Royal Preston Hospital (n=2,724) do not collect the source of referral and have therefore been omitted from this table.

<sup>^</sup> Emergency services include referrals made by Accident and Emergency.

The mode of arrival for 63% of attendances to Lancashire AEDs attributed to sports injury was private transport. Over one in ten (11%) arrived by foot (Table 50).

**Table 50: Sports injury attendances to Lancashire AEDs by mode of arrival and month, 2012/13\*<sup>00</sup>**

Mode of arrival	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%
Private transport	815	851	577	614	502	801	780	632	386	488	676	734	7856	63
Other	234	308	208	105	48	122	126	92	46	71	123	111	1594	13
By foot	19	20	14	115	112	169	209	166	88	111	190	197	1410	11
Dropped off	60	61	40	52	39	58	67	40	23	46	46	63	595	5
Ambulance	57	59	33	49	37	57	46	39	19	24	29	48	497	4
Public transport	15	25	19	18	6	19	31	24	13	8	19	31	228	2
Unknown	26	26	12	16	19	20	19	16	7	14	16	16	207	2
Taxi	<15	<15	11	6	<10	20	23	12	15	<20	<15	17	163	1
Police/ prison escort	***	***	0	0	***	0	0	0	0	***	***	0	7	0
<b>Total</b>	<b>1240</b>	<b>1363</b>	<b>914</b>	<b>975</b>	<b>770</b>	<b>1266</b>	<b>1301</b>	<b>1021</b>	<b>597</b>	<b>779</b>	<b>1114</b>	<b>1217</b>	<b>12557</b>	<b>100</b>

\* AED arrivals made by ambulance also include those brought in by helicopter/ air ambulance.

Over half (53%) of all attendances surrounding sports injury were discharged. One-third (33%) of attendees required a referral/ follow-up treatment and 2% were admitted into hospital (Table 51).

<sup>00</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.

**Table 51: Sports injury attendances to Lancashire AEDs by disposal method and month, 2012/13<sup>PP</sup>**

Disposal method	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%
Discharged	653	671	432	493	414	631	670	569	337	451	651	734	6706	53
Follow-up/ referral	449	489	354	343	266	463	397	318	199	243	317	330	4168	33
Unknown	79	146	88	83	39	120	175	101	47	59	118	113	1168	9
Admitted	40	36	23	32	34	33	32	13	<15	<20	18	19	308	2
Other	19	21	17	24	17	19	27	20	***	<10	10	21	207	2
<b>Total</b>	<b>1240</b>	<b>1363</b>	<b>914</b>	<b>975</b>	<b>770</b>	<b>1266</b>	<b>1301</b>	<b>1021</b>	<b>597</b>	<b>779</b>	<b>1114</b>	<b>1217</b>	<b>12557</b>	<b>100</b>

Of the attendees with injuries caused by sport who were admitted to hospital, 37% were male and aged between 15 and 29 years. Over four in ten (42%) of attendees who received a referral or required follow-up treatment were also males aged between 15 and 29 (Table 52).

**Table 52: Sports injury attendances to Lancashire AEDs by disposal method, age group and gender, 2012/13<sup>PP</sup>**

	Age group and gender												Persons	%
	0-4		5-14		15-29		30-59		60+		Total			
<b>Total persons</b>	64		3956		6127		2240		170		12557			
Disposal method	F	M	F	M	F	M	F	M	F	M	F	M	Persons	%
Discharged	<20	<30	698	1711	616	2988	244	1001	32	49	1608	5775	7385	59
Follow-up/ referral	***	<15	332	1084	304	1944	186	692	23	22	849	3752	4601	37
Admitted	0	5	<10	61	14	117	12	57	24	<20	57	258	315	3
Other	0	***	16	<45	<20	115	<10	32	0	***	38	190	228	2
Unknown	0	0	***	***	***	11	***	8	0	0	5	23	28	0
<b>Total</b>	<b>22</b>	<b>42</b>	<b>1056</b>	<b>2900</b>	<b>950</b>	<b>5175</b>	<b>450</b>	<b>1790</b>	<b>79</b>	<b>91</b>	<b>2557</b>	<b>9998</b>	<b>12557</b>	<b>100</b>

\* There were two attendances where the gender was unknown; these have been included in the total figures.

<sup>PP</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.

#### 4. Lancashire Accident and Emergency Departments

Of the six Accident and Emergency Departments (AEDs) across Lancashire, Blackpool Victoria Hospital saw the highest number of attendances between April 2012 and March 2013, with almost two-fifths of all injury attendances (37%). However, the data provided by Blackpool Victoria Hospital also includes medical attendances as the other injury category includes other injury and medical presentations. Of the other AEDs, three in ten (30%) attendances during 2012/13 were to Royal Blackburn Hospital (Table 53).

There were, nonetheless, some differences across the injury groups. Of all assault-related injury attendances to Lancashire AEDs, 35% were to Royal Blackburn Hospital followed by 25% to Blackpool Victoria Hospital and 24% to Royal Preston Hospital. A third (33%) of deliberate self-harm (DSH) attendances were to Blackpool Victoria Hospital, with 27% attending Royal Blackburn Hospital, 17% attending Royal Preston Hospital and 15% attending Royal Lancaster Infirmary. Royal Blackburn Hospital had the most number of road traffic collision (RTC) attendances (33%), followed by Royal Preston Hospital (26%). A quarter (25%) of sport-related injury attendees presented at Royal Blackburn Hospital, followed by 22% of attendances to Royal Preston Hospital.

**Table 53: Number of injury attendances to Lancashire AEDs by injury group and AED, 2012/13\*<sup>^</sup>**

AED	Injury group												Total	
	Assault		DSH		Fall**		RTC		Sport		Other injury <sup>§</sup>			
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<b>Blackpool</b>	1501	25	374	33	0	0	1240	13	1915	15	77336	44	82394	37
<b>Blackburn</b>	2146	35	308	27	0	0	3099	33	3106	25	58958	34	67619	30
<b>Preston</b>	1459	24	189	17	11473	61	2486	26	2724	22	10851	6	29186	13
<b>Chorley</b>	620	10	54	5	7456	39	1399	15	2001	16	12251	7	23784	11
<b>Lancaster</b>	325	5	173	15	0	0	1043	11	1789	14	11145	6	14475	7
<b>Ormskirk</b>	69	1	42	4	0	0	196	2	1022	8	3820	2	5150	2
<b>Total</b>	6120	100	1140	100	18929	100	9463	100	12557	100	174361	100	222608	100

\* There were 38 attendances where the injury group was recorded as firework injury; these have been included in the total figure.

<sup>^</sup> There were 2,012 attendances where the injury group was recorded as overdose/ poisoning; as this injury group is only available for Blackpool Victoria Hospital AED, these have been included in the other injury group for this table.

\*\* Falls are only collected as a separate injury category by Chorley and South Ribble Hospital and Royal Preston Hospital and AEDs. In all other AEDs, falls are included in the other injury category.

<sup>§</sup> The other injury group also includes medical attendances to Blackpool Victoria Hospital<sup>qq</sup>.

<sup>qq</sup> Medical and other injury attendances are categorised within the patient group 'other injury' at Blackpool Victoria Hospital.

## 4.1 Royal Blackburn Hospital

Between April 2012 and March 2013 there were 67,619 injury attendances to Royal Blackburn Hospital AED and Urgent Care Centre, and Burnley General Hospital Urgent Care Centre. Table 54 shows the number of attendances to the AED and Urgent Care Centres (UCCs) for each injury group by age group and gender. The largest injury category was other injury (n=58,958; 87%), with sports injury being the largest specified injury group (n=3,106; 5%), followed by RTC (n=3,099; 5%).

At Royal Blackburn Hospital AED and Urgent Care Centre and Burnley General Hospital Urgent Care Centre, males accounted for over half (54%) of all injury attendances. Over three in ten (34%) of all attendees were aged between 30 and 59 years, followed by 29% aged between 15 and 29.

Assault attendees and those with sport-related injuries were mostly males aged between 15 and 29 years (42% and 41% respectively). Males aged between 30 and 59 accounted for a quarter (25%) of RTC attendances, followed by 23% who were 15-29 year old males. Three in ten (30%) of DSH-related injury attendees were females aged between 30 and 59, with 28% of attendees 15-29 year old females and 22% 30-59 year old males.

**Table 54: Number of injury attendances to Royal Blackburn Hospital by injury group, age group and gender, 2012/13\*<sup>RR</sup>**

	Age group and gender												Total	
	0-4		5-14		15-29		30-59		60+		Total			
<b>Total persons</b>	6036		9067		19756		23125		9633		67619			
<b>Injury group</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>Persons</b>	<b>%</b>
<b>Other injury</b>	2559	3356	3504	4379	7669	8048	9500	10617	5480	3844	28712	30245	58958	87
<b>Sport</b>	10	19	219	607	225	1263	166	544	23	30	643	2463	3106	5
<b>RTC</b>	47	42	112	137	526	706	553	773	99	103	1337	1762	3099	5
<b>Assault</b>	***	***	<30	<80	289	892	218	592	<15	<40	548	1598	2146	3
<b>DSH</b>	***	***	***	***	85	52	92	69	***	***	184	124	308	0
<b>Total</b>	2617	3418	3868	5199	8794	10962	10529	12596	5616	4017	31424	36194	67619	100

\* There was one attendance where the gender was recorded as indeterminate/ unknown and two attendances where the age was unknown; these been included in the total figures.

^ There were two attendances where the injury group was recorded as firework injury; these have been included in the total figures.

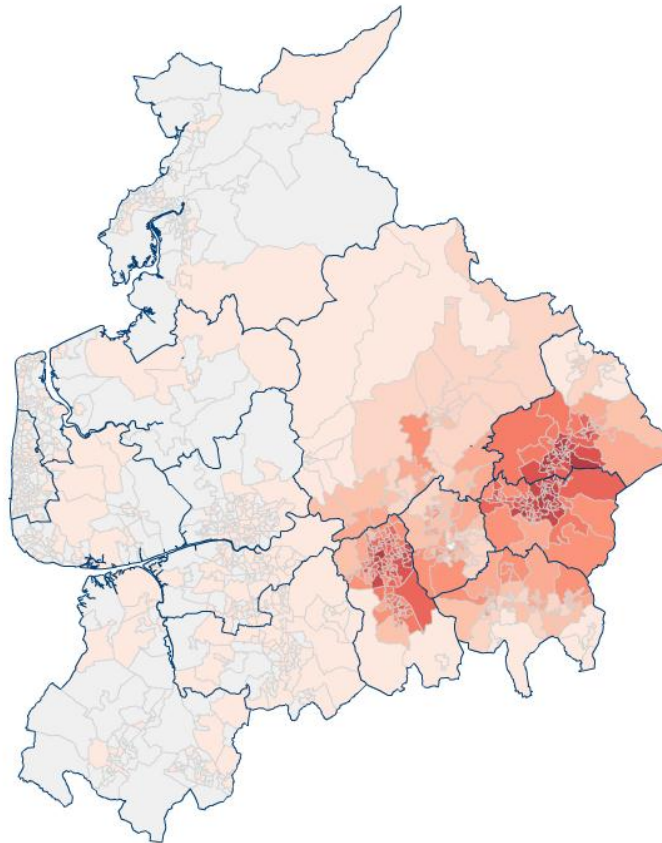
Looking at attendees' location of residence in more detail, Map 2 illustrates the LSOA of residence for attendees to Royal Blackburn Hospital AED and Urgent Care Centre and Burnley General Hospital Urgent Care Centre, overlaid by local authority boundaries. It shows that attendees were generally

<sup>RR</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.

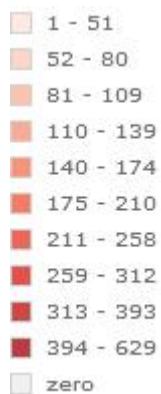


resident in Burnley, Pendle and Blackburn-with-Darwen local authorities. Table 55 accompanies the map, highlighting the top five LSOAs.

**Map 2: Injury attendances to Royal Blackburn Hospital by LSOA of residence (overlaid by local authority boundaries), Lancashire residents only, 2012/13**



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**Table 55: Injury attendances to Royal Blackburn Hospital by top five LSOA of residence, 2012/13**

LSOA code	LSOA name	n
E01025224	Pendle 011A	629
E01025229	Pendle 011C	624
E01025184	Pendle 009D	537
E01024891	Burnley 001D	531
E01024856	Burnley 003A	523

## 4.2 Blackpool Victoria Hospital

There were 82,394 injury attendances to Blackpool Victoria Hospital in 2012/13. Table 56 confirms other injury accounted for the majority (91%) of attendances to the AED in the twelve month period. Of the specified injury groups, overdose and poisoning had the highest number of attendances (n=2,012).

There were equal proportions of males and females attending Blackpool Victoria Hospital however there were differences within the specified injury groups. The age group with the highest number of attendances was 60 years plus with over a third (34%) of all presentations, followed by 31% of attendees aged between 30 and 59 years.

Attendances with injuries due to a RTC were generally males aged 15-29 and 30-59 (both 23%), with one-fifth of attendees categorised as 15-29 year old females. Sport- and assault-related attendees were generally 15-29 year old males (45% and 41% respectively). DSH attendances were generally made up of females aged between 15 and 29, accounting for three in ten (30%) of attendances. Overall, there were more female than male attendances for injuries owing to overdose and poisoning (females=1,086; 54%), however it was males aged between 30 and 59 years that accounted for the largest number of attendances (24%). Females aged 30-59 and 15-29 accounted for 23% and 20% of attendances due to overdose and poisoning respectively.

**Table 56: Number of injury attendances to Blackpool Victoria Hospital by injury group, age group and gender, 2012/13\***<sup>SS,TT</sup>

	Age group and gender												Total	
	0-4		5-14		15-29		30-59		60+					
<b>Total persons</b>	5679		7141		16608		25309		27654		82394			
<b>Injury group</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>Persons</b>	<b>%</b>
<b>Other injury</b>	2432	3082	2863	3442	6955	6454	10870	11912	15195	12137	38318	37027	75349	91
<b>Overdose and poisoning</b>	65	73	54	21	407	291	469	482	91	59	1086	926	2012	2
<b>Sport</b>	***	***	157	442	125	862	51	263	5	5	340	1575	1915	2
<b>Assault</b>	0	0	19	38	198	614	150	450	9	23	376	1125	1501	2
<b>RTC</b>	<10	<20	<40	<45	247	281	217	280	58	53	568	672	1240	2
<b>DSH</b>	0	0	<20	***	105	60	80	68	8	7	212	139	351	0
<b>Total</b>	2506	3173	3151	3990	8038	8568	11841	13466	15367	12287	40906	41484	82394	100

\* There were three attendances where the gender was recorded as indeterminate/ unknown and three attendances where the age was unknown; these have been included in the total figures.

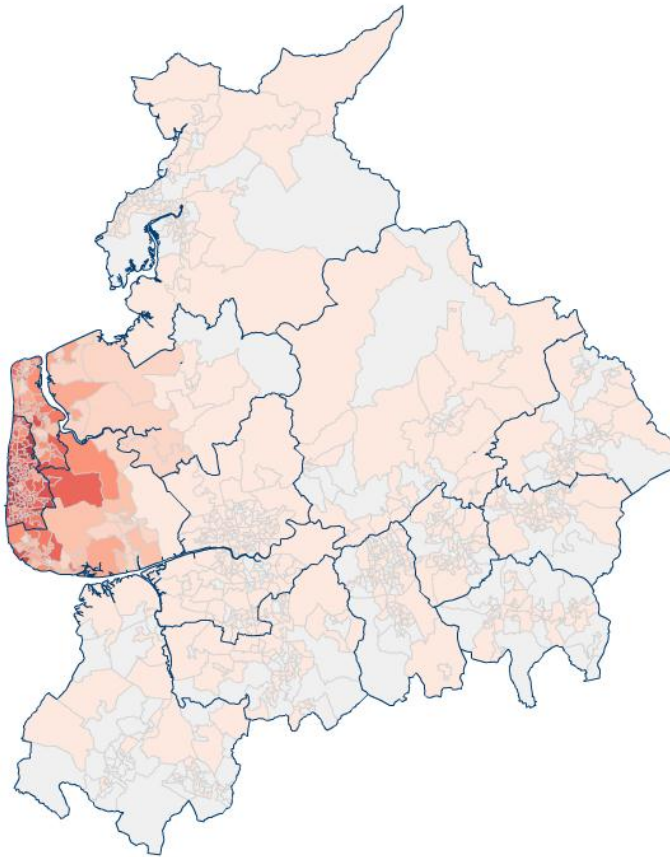
^ There were 28 attendances where the injury group was recorded as firework injury; these have been included in the total figures.

The LSOA of residence of attendees to Blackpool Victoria Hospital are shown in Map 3 with Table 57 outlining the top five LSOAs. There were higher numbers of attendees resident in Blackpool local authority than any other.

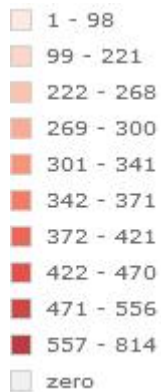
<sup>SS</sup> In December 2010, the overdose and poisoning injury group was removed due to a change in Blackpool Victoria Hospital's IT system. Since this time, records have been categorised into one of the other injury groupings (other injury, DSH or firework injury). Such cases are, however, identifiable via another data field: presenting complaint. Where the injury group is recorded as other injury and the presenting complaint is recorded as overdose and poisoning, these cases have been categorised as overdose and poisoning. Please note, during this period 23 DSH cases also had overdose and poisoning recorded as their presenting complaint.

<sup>TT</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.

**Map 3: Injury attendances to Blackpool Victoria Hospital by LSOA of residence (overlaid by local authority boundaries), Lancashire residents only, 2012/13**



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**Table 57: Injury attendances to Blackpool Victoria Hospital by top five LSOA of residence, 2012/13**

LSOA code	LSOA name	n
E01012681	Blackpool 006A	814
E01012721	Blackpool 007C	790
E01012704	Blackpool 002C	752
E01012751	Blackpool 013D	741
E01012682	Blackpool 008D	700

### 4.3 Chorley and South Ribble General Hospital

Chorley and South Ribble Hospital saw 23,784 attendances between April 2012 and March 2013. Just over half (52%) of the injury attendances were recorded as other injury and almost a third (31%) were caused by a fall. Eight per cent of the attendances were due to sports injury, 6% RTCs and 3% assault (Table 58).

There were more males than females presenting at Chorley and South Ribble General Hospital AED (males=12,700; 53%), however there were more female attendees presenting with injuries due to DSH and falls. A third (33%) of attendees were aged between 30 and 59 years, a quarter (25%) aged between 15 and 29 and 18% aged 60 years plus.

Attendees with injuries cause by sport or assault were generally 15-29 year old males (38% and 37% respectively). Males aged between 30 and 59 accounted for a quarter (25%) of RTC attendances, with similar numbers for 30-59 year old females and both males and females aged between 15 and 29 (all 20%). Almost a quarter (24%) of attendances due to a fall was females aged 60 years or more, followed by females aged between 30 and 59 (16%).

**Table 58: Number of injury attendances to Chorley and South Ribble General Hospital by injury group, age group and gender, 2012/13\*<sup>UU</sup>**

	Age group and gender												Total	
	0-4		5-14		15-29		30-59		60+					
<b>Total persons</b>	1794		3957		5872		7862		4298				23784	
<b>Injury group</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>Persons</b>	<b>%</b>
<b>Other injury</b>	405	527	965	1105	1198	1919	1952	2633	811	728	5331	6913	12251	52
<b>Fall</b>	366	451	550	640	519	397	1173	749	1789	822	4397	3059	7456	31
<b>Sport</b>	***	***	174	440	167	763	92	341	<10	13	441	1558	2001	8
<b>RTC</b>	20	20	30	31	279	276	286	343	52	62	667	732	1399	6
<b>Assault</b>	***	***	<10	15	91	232	98	163	7	6	203	417	620	3
<b>DSH</b>	0	0	***	0	19	6	14	13	***	0	35	19	54	0
<b>Total</b>	794	1000	1726	2231	2274	3594	3615	4242	2666	1632	11075	12700	23784	100

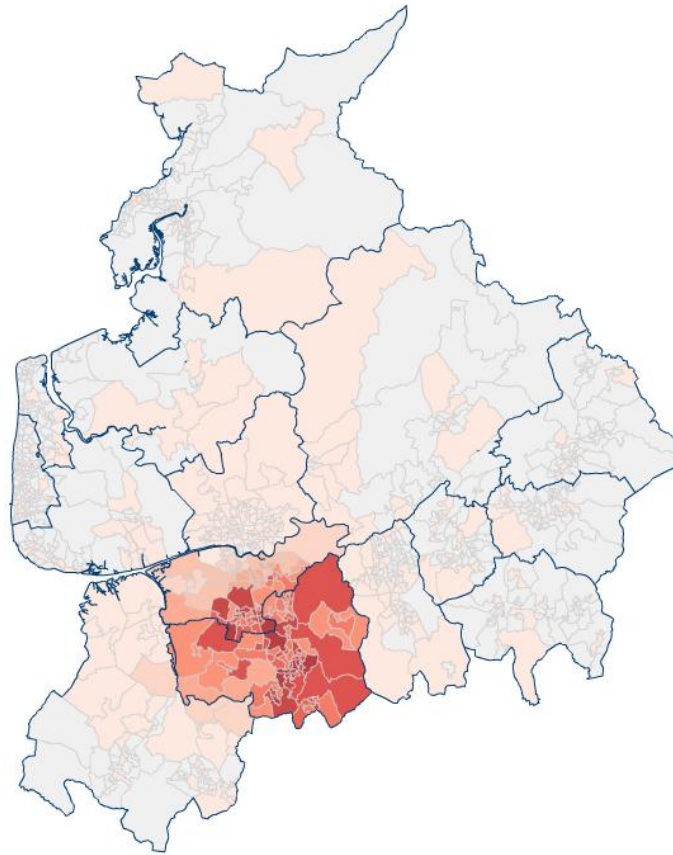
\* There were ten attendances where the gender was recorded as indeterminate/ unknown and one attendance where the age was unknown; these have been included in the total figures.

<sup>UU</sup> There were three attendances where the injury group was recorded as firework injury; these have been included in the total figures.

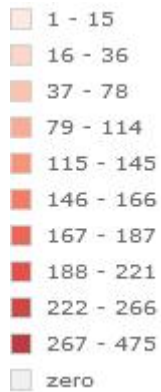
Map 4 shows the LSOA of residence for attendees to Chorley and South Ribble General Hospital, indicating that most attendees were resident in Chorley local authority. The top five LSOAs are indicated in Table 59.

<sup>UU</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.

**Map 4: Injury attendances to Chorley and South Ribble General Hospital by LSOA of residence (overlaid by local authority boundaries), Lancashire residents only, 2012/13**



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**Table 59: Injury attendances to Chorley and South Ribble General Hospital by top five LSOA of residence, 2012/13**

LSOA code	LSOA name	n
E01024945	Chorley 012D	475
E01025432	South Ribble 016B	347
E01024943	Chorley 012B	333
E01024925	Chorley 009A	318
E01024919	Chorley 008A	313

#### 4.4 Royal Lancaster Infirmary

There were 14,475 attendances between April 2012 and March 2013 to the Royal Lancaster Infirmary AED with other injury accounting for 77% of all the injury attendances (Table 60). Over one in ten (12%) attendances were due to injuries sustained by sport and 7% caused by a RTC.

Over half (55%) of the attendances to the AED in 2012/13 were male. Three in ten (30%) of attendees were aged between 15 and 29 years, followed by 29% aged between 30 and 59. Almost half (47%) of attendees with sports injuries were 15-29 year old males. For assault-related injury attendances, over a third (34%) were males aged between 15 and 29. There were more females than males presenting with injuries due to DSH (females=61%). Females aged 30-59 years and 15-29 years accounted for 28% and 27% of DSH attendances respectively. RTC attendees were generally male and aged between 15 and 29 years (23%) or 30 and 59 years (21%).

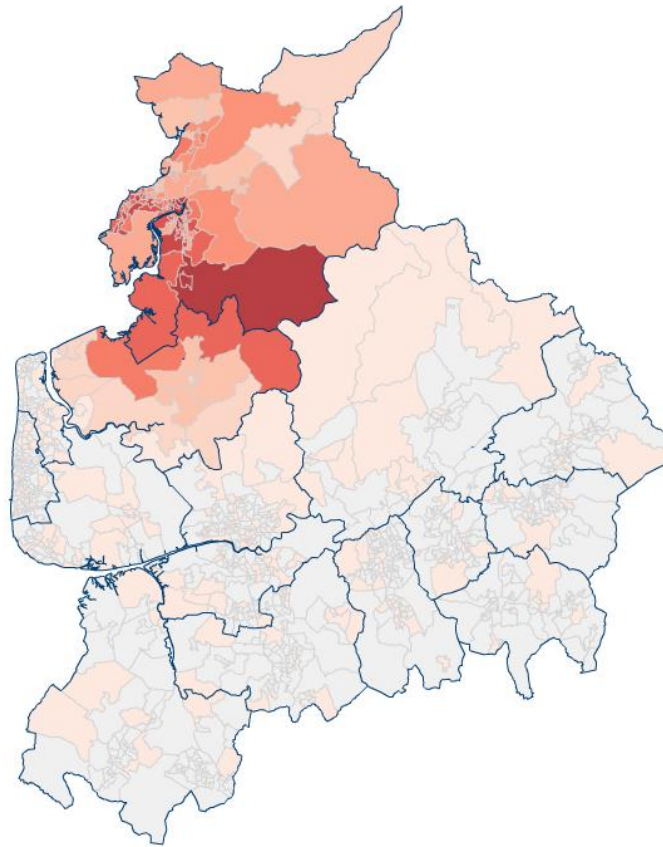
**Table 60: Number of injury attendances to Royal Lancaster Infirmary by injury group, age group and gender, 2012/13<sup>VV</sup>**

	Age group and gender												Total	
	0-4		5-14		15-29		30-59		60+					
<b>Total persons</b>	1024		2411		4410		4138		2492				14475	
<b>Injury group</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>Persons</b>	<b>%</b>
<b>Other injury</b>	432	535	921	998	1243	1479	1455	1792	1395	895	5446	5699	11145	77
<b>Sport</b>	5	17	102	286	181	833	58	231	42	34	388	1401	1789	12
<b>RTC</b>	18	14	33	36	188	245	176	224	47	62	462	581	1043	7
<b>Assault</b>	***	0	10	19	55	110	44	74	***	<10	113	212	325	2
<b>DSH</b>	***	0	6	0	47	29	49	35	***	***	106	67	173	1
<b>Total</b>	458	566	1072	1339	1714	2696	1782	2356	1489	1003	6515	7960	14475	100

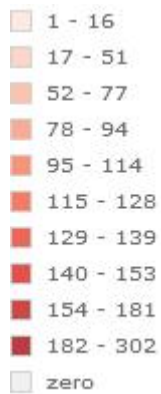
The LSOA of residence for attendees to Royal Lancaster Infirmary are illustrated in Map 5, with the top five LSOAs highlighted in Table 61. The majority of attendees were resident in Lancaster local authority, with some attendees from the north of Wyre also.

<sup>VV</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.

**Map 5: Injury attendances to Royal Lancaster Infirmary by LSOA of residence (overlaid by local authority boundaries), Lancashire residents only, 2012/13**



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**Table 61: Injury attendances to Royal Lancaster Infirmary, by top five LSOA of residence, 2012/13**

LSOA code	LSOA name	n
E01025105	Lancaster 019A	302
E01025104	Lancaster 014D	225
E01025156	Lancaster 020H	221
E01025149	Lancaster 011A	208
E01025151	Lancaster 011C	200



## 4.5 Ormskirk District General Hospital

As shown in Table 62, there 5,150 attendances to Ormskirk District General Hospital AED in 2012/13. The majority (74%) of attendances were recorded as other injury, with one-fifth (20%) of attendances due to injuries caused by sport. RTCs accounted for 4% of injury attendances.

Just under three-fifths (59%) of the injury attendees were male. Over six in ten (63%) of attendees were aged between five and 14 years, followed by just over a quarter (26%) aged four years or less. Ormskirk District General Hospital is a paediatric establishment which is why the attendees are generally aged 14 years and under compared to the other AEDs across Lancashire.

Over half (56%) of attendees presenting with sport-related injuries were 5-14 year old males. Males aged between five and 14 years accounted for 42% of assault attendances. For DSH injuries, 40% were females aged between 15 and 29. Attendees with injuries caused by a RTC were generally aged between five and 14 years with males accounting for a third (33%) of RTC attendances and females accounting for 27%.

**Table 62: Number of injury attendances to Ormskirk District General Hospital by injury group, age group and gender, 2012/13\*<sup>ww</sup>**

	Age group and gender												Total	
	0-4		5-14		15-29		30-59		60+		Total			
<b>Total persons</b>	1331		3248		566		***		***		5150			
<b>Injury group</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>Persons</b>	<b>%</b>
<b>Other injury</b>	545	718	1069	1249	99	129	***	***	***	***	1715	2099	3820	74
<b>Sport</b>	***	***	187	572	53	207	0	0	0	0	242	780	1022	20
<b>RTC</b>	28	25	52	65	11	14	0	0	0	0	91	104	196	4
<b>Assault</b>	0	0	7	29	11	22	0	0	0	0	18	51	69	1
<b>DSH</b>	***	<10	7	7	17	***	0	0	0	0	26	16	42	1
<b>Total</b>	577	750	1322	1923	191	375	***	***	***	***	2092	3051	5150	100

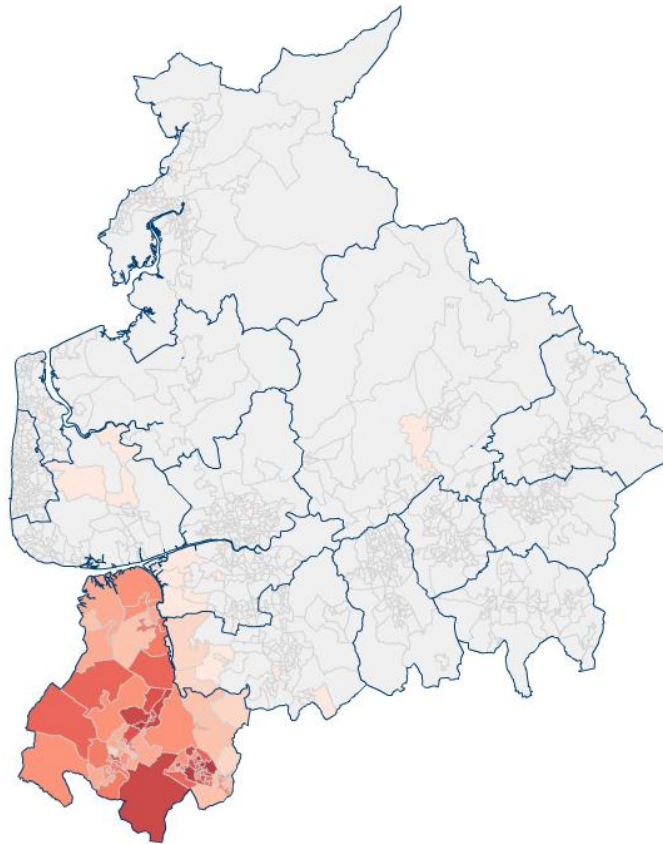
\* There were seven attendances where the gender was recorded as indeterminate/ unknown; these have been included in the total figures.

^ There was one attendance where the injury group was firework injury; this has been included in the total figure.

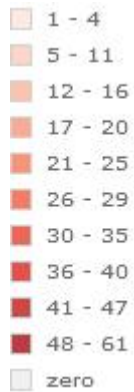
The majority of attendees to Ormskirk District General Hospital were resident in West Lancashire (Map 6). Table 63 shows the top five LSOAs of residence for attendees to the AED.

<sup>ww</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.

**Map 6: Injury attendances to Ormskirk District General Hospital by LSOA of residence (overlaid by local authority boundaries), Lancashire residents only, 2012/13**



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**Table 63: Injury attendances to Ormskirk District General Hospital by top five LSOA of residence, 2012/13**

LSOA code	LSOA name	n
E01025471	West Lancashire 010A	61
E01025486	West Lancashire 004D	61
E01025529	West Lancashire 013D	55
E01025521	West Lancashire 010F	51
E01025482	West Lancashire 010D	48

## 4.6 Royal Preston Hospital

Royal Preston Hospital saw 29,186 injury attendances to the AED between April 2012 and March 2013. Falls accounted for almost four in ten (39%) of attendances, and 37% recorded as other injury. There were similar numbers for injuries owing to RTCs and sports injury (each 9%), followed by 5% assault-related injuries (Table 64).

Overall, there were more males than females attending the AED in 2012/13 (males=15,978; 55%), however, to varying proportions across the specified injury groups. Three in ten (30%) of attendees were aged between 30 and 59 years, closely followed by 15-29 year olds (28%).

Attendees presenting with injuries sustained by assault were generally males aged between 15 and 29 years, accounting 43% of attendances for this injury group. DSH and fall injury attendances had more females than males presenting at the AED. Just over two-fifths (41%) of DSH attendees were females aged between 15 and 29 years, and females aged 60 years and over accounted for 23% of fall-related injury attendances. A quarter (25%) of attendees with injuries caused by a RTC were males aged between 30 and 59, followed by 21% who were 15-29 year old males. Almost half of all sport-related injury attendees were males aged between 15 and 29.

**Table 64: Number of injury attendances to Royal Preston Hospital by injury group, age group and gender, 2012/13\*<sup>XX</sup>**

	Age group and gender													Total	
	0-4		5-14		15-29		30-59		60+		Total				
Total persons	2532		4487		8215		8659		5293		29186				
Injury group	F	M	F	M	F	M	F	M	F	M	F	M	Persons	%	
Fall	581	738	729	925	883	862	1506	1244	2657	1346	6356	5115	11473	39	
Other injury	501	608	783	1024	1276	1819	1618	2170	568	484	4746	6105	10851	37	
Sport	***	***	217	553	199	1247	83	411	***	<10	503	2221	2724	9	
RTC	46	48	76	102	428	527	433	629	91	106	1074	1412	2486	9	
Assault	***	***	17	<55	231	626	145	355	16	10	412	1047	1459	5	
DSH	0	0	5	***	78	37	29	34	***	***	115	74	189	1	
<b>Total</b>	1132	1400	1827	2659	3095	5120	3814	4844	3338	1955	13206	15978	29186	100	

\* There were two attendances where the gender was recorded as indeterminate/ unknown; these have been included in the total figures.

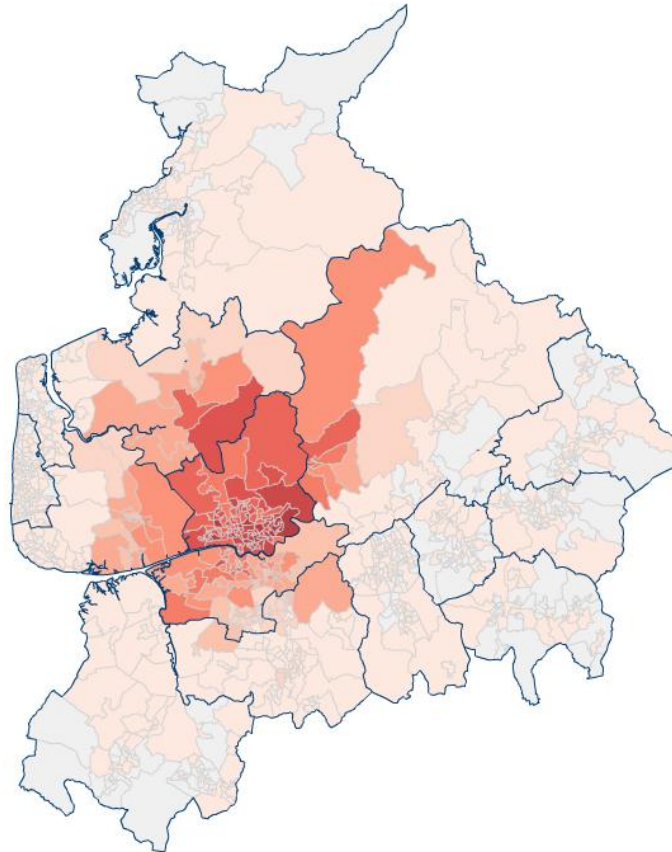
<sup>^</sup> There were four attendances where the injury group was firework injury; these have been included in the total figures.

Map 7 illustrates the LSOA of residence for attendees to Royal Preston Hospital. Attendees were mainly resident in Preston local authority, although with proportions resident in the south of Wyre,

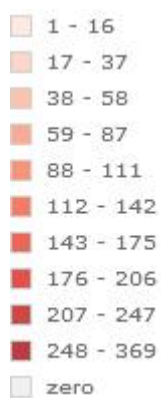
<sup>XX</sup> Please note that all numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality and if there is only one number less than five in a category then two numbers will be suppressed to prevent back calculations from totals.

west of the Ribble Valley, eastern Fylde and South Ribble local authorities. The top five LSOAs of residence are shown in Table 65.

**Map 7: Injury attendances to Royal Preston Hospital by LSOA of residence (overlaid by local authority boundaries), Lancashire residents only, 2012/13**



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**Table 65: Injury attendances to Royal Preston Hospital by top five LSOA of residence, 2012/13**

LSOA code	LSOA name	n
E01025307	Preston 017E	369
E01025245	Preston 007E	355
E01025287	Preston 009F	334
E01025297	Preston 014C	322
E01025283	Preston 009B	319

## PART 2

### 5. Data collection, completion rates and data quality

#### 5.1 Data collection processes

As outlined in the introduction, there is no national system to collect information on injury attendances to Accident and Emergency Departments (AEDs), therefore the methods of collecting and recording local-level data vary between departments.

Table 66 shows the methods of collecting and recording data on injury attendances to each of the Lancashire AEDs. There are variations in the systems used by the hospital trusts hence the differences in the format of the data. TIIG data across Lancashire AEDs are collected electronically by reception staff however some data items are collected by nursing staff and/or doctors via a paper-based system, which are then entered onto the electronic system at a later time.

**Table 66: Data collection processes employed by each of the Lancashire AEDs**

AED	Method	IT system used	Location of data collection	Data collected at the same time?
<b>Blackburn</b>	Electronic	PAS	Reception desk	Yes
<b>Blackpool</b>	Electronic	ALERT	Reception desk	Yes
<b>Chorley</b>	Electronic and paper-based	QuadraMed	Combination (Reception desk/ private area during triage assessment)	No (as before)
<b>Lancaster</b>	Electronic	Lorenzo	Reception desk	Yes
<b>Preston</b>	Electronic and paper-based	QuadraMed	Combination (Reception desk/ private area during triage assessment)	No (as before)
<b>Ormskirk</b>	Electronic and paper-based	Symphony from Ascribe	Combination (Reception desk/ during assessment and treatment)	No (as before)

At the Lancashire Teaching Hospitals NHS Trust's AEDs (Chorley and South Ribble Hospital and Royal Preston Hospital), the majority of information is recorded by reception staff via the patient management system (QuadraMed) however data relating to assaults are captured by clinical staff through the triage notes, before being entered onto the system. At Ormskirk General Hospital, reception staff enter data regarding the attendee and demographics directly onto the electronic system (Symphony), and nursing staff and doctors record information relating to the diagnosis and treatment onto the patient's casualty card, before being entered onto the system.

Ormskirk District General Hospital and Royal Lancaster Infirmary are currently reviewing their data collection processes but details of this are currently unknown.

Generally, data collected by the Lancashire AEDs include:

- **Patient demographics:** *age, sex and area of residence* (i.e. postcode, lower super output area, local authority area).
- **Date/ time of attendance**
- **Attendance category** i.e. first attendance, follow-up planned attendance, follow-up unplanned attendance.
- **Arrival mode** e.g. *ambulance, private transport, other*.
- **Attendance disposal** e.g. *admitted to hospital bed/became a lodged patient of the same health care provider, discharged* (did not require any follow-up treatment).
- **Incident location type** e.g. *home, work, educational establishment, public place*.
- **Source of referral** e.g. *self-referral, GP, emergency services, police*.

In addition, as outlined in Section 3.1, four of the six AEDs in Lancashire collect enhanced data on assault injuries for the purposes of violence prevention. The data items set out in the College of Emergency Medicine (CEM) guidance are shown in Box 2, along with further questions as recommended by TIIG.

**Box 2: Additional data items for assault-related injury attendances**

The College of Emergency Medicine 2011. Guideline for information sharing to reduce community violence:

- Date and time of assault
- Assault weapon e.g. *body part, sharp object*
- Assault weapon details e.g. *fist, bottle*
- Assault location e.g. *own home, bar/pub*
- Assault location details i.e. street name, premise name (free text facility)

The College of Emergency Medicine 2011.  
Guideline for information sharing to reduce community violence.  
Available at: <http://www.collemergencymed.ac.uk/Shop-Floor/Clinical%20Guidelines/>

Furthermore, a number of AEDs collect additional data, as recommended by TIIG, which are useful at a local level:

- Alcohol consumption
  - Whether alcohol has been consumed in the last three hours prior to the incident
  - Location of where alcohol was last consumed prior to the incident e.g. *bar/pub*
  - Location details of where alcohol was last consumed i.e. premise name (free text facility)
- Information relating to the attacker(s)
  - Number of attacker(s)
  - Gender of attacker(s)
  - Relation to the attacker(s)
- Whether the police have been or will be informed of the incident

The following table outlines the data items collected by each AED in Lancashire (Table 67). Unlike the other AEDs in Lancashire, Ormskirk District General Hospital does not provide TIIG with the patients' postcode however the Census Area Statistics (CAS) ward<sup>yy</sup> and Super Output Areas (SOAs)<sup>zz</sup> codes,

<sup>yy</sup> Statistical wards, in general, reflect electoral wards as at May 2003. For more information on the Census Area Statistics wards, visit the Office for National Statistics:  
<http://www.ons.gov.uk/ons/guide-method/geography/beginner-s-guide/administrative/england/electoral-wards-divisions/statistical-wards--cas-wards-and-st-wards/index.html>

based on the patient's area of residence, are given instead. Although an AED may provide one or more of these codes in addition to a postcode, the CAS ward and SOA codes can be calculated from the postcode, where given. In addition, the local authority (LA) of residence can be calculated from either the postcode or geographical code. The geographies (including CAS ward, SOA and LA) are available to partner agencies when sharing TIIG data, but the postcode is omitted from data sharing files due to patient confidentiality.

The AEDs that collect data for assault location details and detailed location of where the attendee last consumed alcohol have a free-text facility in order to allow them to record the specific name of a street or premise, for example. Chorley and South Ribble Hospital and Royal Preston Hospital AEDs also have a free-text facility, as well as drop-down menu, for the question relating to whether the incident has been or will be reported to the police. The purpose for this is to allow the constabulary to be recorded.

TIIG attends meetings with regional partners to discuss data collection processes and IT systems within the AEDs. This is in order to improve data quality and assist those not collecting, or partially collecting, the supplementary data for violence.

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<sup>zz</sup> Super Output Areas are used in the reporting of small area statistics, broken down into Lower Layer Super Output Areas (LSOA) and Middle Layer Super Output Areas (MSOA). For more information, visit: <http://www.ons.gov.uk/ons/guide-method/geography/beginner-s-guide/census/super-output-areas--soas-/index.html>



**Table 67: Data items collected by each Lancashire AED**

Field name	Blackburn	Blackpool	Chorley	Lancaster	Ormskirk	Preston
Gender	✓	✓	✓	✓	✓	✓
Date of birth	✗	✗	✗	✓	✗	✗
Age	✓	✓	✓	✗	✓	✓
Postcode	✓	✓	✓	✓	✗	✓
Census Area Statistics ward	✗	✗	✗	✗	✓	✗
LSOA/ MSOA	✗	^	✗	✓	✓	✗
LA code/ name	✗	✗	✗	✗	✗	✗
Ethnic group	✗	✓	✓	✓	✗	✓
Attendance date	✓	✓	✓	✓	✓	✓
Attendance time	✓	✓	✓	✓	✓	✓
Injury group	✓	✓	✓	✓	✓	✓
Mode of arrival	✓	✓	✓	✓	✓	✓
Source of referral	✓	✓	✗	✓	✓	✗
Presenting complaint	✓	✓	✓	✗	✗	✓
Primary diagnosis	✓	✗	✓	✓	✓	✓
Incident date	✓	✓	✓	✗	✗	✓
Incident time	✗	^	✓	✗	✗	✓
Incident location	✗	✓	✓	✓	✓	✓
Disposal/discharge method	✓	✓	✓	✓	✓	✓
Attendance category: first visit/ follow-up	✓	^	✗	✓	✓	✗
<b>Additional data (assaults)</b>						
Assault location details	✗	✓	✓	✗	✓	✓
Assault weapon	✗	✓	✓	✗	✓	✓
Assault weapon details	✗	✗	✓	✗	✓	✓
Alcohol consumed in the 3 hours prior to the incident	✗	✗	✓	✗	✗	✓
Location last drink consumed	✗	✗	✓	✗	✓	✓
Location last drink consumed details	✗	✗	✓	✗	✓	✓
Police informed/ will be informed of the incident	✗	✗	✓	✗	✓	✓
Number of attackers	✗	✗	✗	✗	✓	✗
Gender of attacker(s)	✗	✗	✗	✗	✓	✗
Relation to attacker(s)	✗	✗	✗	✗	✓	✗
Exact/ estimate [incident date and time]	✗	✗	✓	✗	✗	✓
Time since incident	✗	✗	✗	✗	✓	✗

^ These data items collected by Blackpool Victoria Hospital are only available for assault attendances; they are not recorded for the other injury groups.

## 5.2 Completion rates

Not all AEDs across Lancashire collect additional data surrounding assault, and what is collected varies across the hospital trusts. TIIG works with the AEDs to encourage the collection of data concerning violence and to improve the data quality of what is collected. The following tables show the completion rates for the additional violence/alcohol questions asked for assault-related injury attendances by four of the six AEDs<sup>AAA</sup>, which is regularly fed back to the AEDs and public health partners with Lancashire County Council.

### Blackpool Victoria Hospital

Between April 2012 and March 2013, Blackpool Victoria Hospital had the assault date recorded for all assault attendances, however, on average just over half (52%) of records had the assault time captured. The general assault location (e.g. *pub/bar, public place*) had been captured in all but one attendance to the AED. There are high completion rates for the assault location details (i.e. specific street or premise name), with 75% of records having this field completed. There was a 100% completion rate for the assault weapon (Table 68).

Discussions are currently on-going regarding the data collection of further questions surrounding alcohol consumption and the reporting of the incident to the police, and also the process to capture this.

**Table 68: Completion rates for additional information surrounding injuries caused by assault, Blackpool Victoria Hospital, 2012/13 (%)**

Field name	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Average
Assault date	100	100	100	100	100	100	100	100	100	100	100	100	100
Assault time	47	49	45	47	56	59	54	50	54	59	51	47	52
Assault location	99	100	100	100	100	100	100	100	100	100	100	100	100
Assault location details	81	80	73	68	78	76	78	76	72	74	71	79	75
Assault weapon	100	100	100	100	100	100	100	100	100	100	100	100	100

### Chorley and South Ribble Hospital

A range of additional questions surrounding assault are asked by Lancashire Teaching Hospitals NHS Trust<sup>BBB</sup>. Table 69 shows that the date of assault is captured in all assault attendances to Chorley and South Ribble Hospital, but on average less than half (49%) of attendances have the time of assault recorded. The hospital trust also captures whether the assault date and time is exact or an estimated

<sup>AAA</sup> The AEDs in Lancashire that collect supplementary information in relation to assault-related attendances include: Blackpool Victoria Hospital, Chorley and South Ribble Hospital, Ormskirk District General Hospital and Royal Preston Hospital. It has been confirmed by East Lancashire Hospitals NHS Trust that Royal Blackburn Hospital is due to start collecting additional data in relation to assaults. Discussions are on-going regarding the data collection process at Royal Lancaster Infirmary to capture this information.

<sup>BBB</sup> Lancashire Teaching Hospitals NHS Trust has two AEDs; Chorley and South Ribble Hospital, and Royal Preston Hospital.

guess by the attendee. This was completed, on average, in 35% of the assault attendances. The general incident location was captured for all assault attendances between April 2012 and March 2013. Over four-fifths (83%) of attendees had the details of the assault location recorded.

Just over a quarter (26%) of assault attendances had the assault weapon recorded. The trust also captures details of the assault weapon if a body part or sharp object was used. In 17% of the assault attendances, details of the assault weapon were recorded. Over four in five (83%) attendances had information recorded as to whether alcohol had been consumed in the three hours prior to the assault. The general location of where alcohol was last consumed prior to the incident (e.g. *pub, home*) is recorded by the AED. On average, this was completed for two-fifths (40%) of the attendances. Just over a third (34%) of attendees had the detailed location (i.e. premise name) of where alcohol was last consumed recorded. Under a quarter (23%) of assault attendances had data recorded to indicate if the police had been informed or will be informed of the incident.

**Table 69: Completion rates for additional information surrounding injuries caused by assault, Chorley and South Ribble Hospital, 2012/13 (%)**

Field name	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Average
Assault date	100	100	100	100	100	100	100	100	100	100	100	100	100
Assault time	43	62	57	49	53	43	43	48	51	49	46	42	49
Exact/ estimated	46	32	35	35	40	38	46	27	33	26	33	28	35
Assault location	100	100	100	100	100	100	100	100	100	100	100	100	100
Assault location details	89	83	84	84	87	83	85	77	80	75	90	74	83
Assault weapon	27	23	27	33	44	19	26	15	25	19	28	21	26
Assault weapon details	16	10	22	21	22	17	20	12	24	13	13	12	17
Alcohol consumed prior to incident	90	82	84	86	87	91	93	69	80	75	82	74	83
Location last drink consumed	51	35	47	35	47	40	39	29	43	26	56	37	40
Location last drink consumed details	48	28	35	30	38	26	28	33	37	25	49	35	34
Police informed	44	40	22	26	31	21	7	15	18	23	26	5	23

### Ormskirk District General Hospital

Ormskirk District General Hospital does not collect the actual date and time of the incident, however it does collect the time since the incident occurred, i.e. *Today, 1-2 days*. In the majority (97%) of cases, this had been captured (Table 70). The general incident location had been recorded for all assault attendances to the AED between April 2012 and March 2013. On average, less than seven in ten (67%) attendees had the details of the assault location recorded.

The assault weapon was recorded for over eight in ten (81%) of the assault attendances, with just 5% having details of the assault weapon captured. Nevertheless, details of the assault weapon are only captured when 'Other' has been recorded as the assault weapon; the dataset does not capture details of the body part or blunt object used. Although there isn't a question asking attendees whether alcohol had been consumed in the three hours prior to the incident, the AED does capture

the location of where alcohol was last consumed, allowing ‘No drink’ to be captured if the attendee has not consumed alcohol. Almost seven in ten (69%) of attendees had the general location of alcohol consumption recorded, with just one-fifth (20%) having location details captured.

The hospital also captures information relating the attacker(s). On average, over six in ten attendees had the number and gender of attacker(s) recorded (63% and 61% respectively), and over three-quarters (76%) had the relation to the attacker(s) recorded. Information as to whether the assault had been or will be reported to the police had been captured for 68% of the attendances.

**Table 70: Completion rates for additional information surrounding injuries caused by assault, Ormskirk District General Hospital, 2012/13 (%)\***

Field name	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Average
Assault date	0	0	0	0	0	0	0	0	0	0	0	0	0
Assault time	0	0	0	0	0	0	0	0	0	0	0	0	0
Time since incident	100	86	100	100	100	100	100	100	100	80	100	100	97
Assault location	100	100	100	100	100	100	100	100	100	100	100	100	100
Assault location details	75	71	86	60	43	50	86	33	75	80	60	80	67
Assault weapon	100	86	100	80	71	67	100	33	75	80	80	100	81
Assault weapon details	13	0	0	20	14	0	14	0	0	0	0	0	5
Location last drink consumed	75	57	86	80	71	67	86	33	50	60	80	80	69
Location last drink consumed details	0	29	29	40	29	0	29	0	0	40	40	0	20
Number of attackers	75	57	86	80	71	50	71	33	50	40	60	80	63
Gender of attacker(s)	75	57	86	80	71	50	71	33	50	20	60	80	61
Relation to attacker(s)	88	86	86	80	71	67	86	33	75	80	80	80	76
Police informed	75	57	86	80	71	67	86	33	75	20	80	80	68

\* Ormskirk District General Hospital only had 69 assault attendances during the twelve month period, therefore these completion rates should be considered with caution.

### Royal Preston Hospital

The completion rates for Royal Preston Hospital AED are shown in Table 71. For the majority (95%) of attendances in 2012/13, the incident date had been recorded, compared to under four in ten (39%) of attendances with the time of assault recorded. Lancashire Teaching Hospitals NHS Trust also captures whether the assault date and time was exact or estimated; this had been completed in just over one-fifth (21%) of the attendances to the AED. The general location of where the assault took place was captured for all attendees with 69% having the detailed assault location recorded.

Just over half (52%) of attendances had an assault weapon recorded, with 37% having details of the assault weapon documented if a body part or sharp object had been used. For all months except January 2013, 100% attendances had data in response to whether alcohol had been consumed in the three hours prior to the assault. Just under a third (32%) of all attendances to the AED had the general location of where alcohol was last consumed recorded, with just over one-fifth (21%) having details of the location. There were 22% of attendances on average that had information recorded as

to whether the police had been or will be informed of the assault. Notably, there was a reduction in the completion rate of this being recorded for attendances in March 2013 (4%) compared to previous months.

**Table 71: Completion rates for additional information surrounding injuries caused by assault, Royal Preston Hospital, 2012/13 (%)**

Field name	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Average
Assault date	95	93	99	95	92	97	90	98	91	90	96	99	95
Assault time	30	43	38	45	40	41	38	49	25	19	49	56	39
Exact/ estimated	32	20	24	19	20	22	23	22	17	13	17	22	21
Assault location	100	100	100	100	100	100	100	100	100	100	100	100	100
Assault location details	75	73	68	78	66	72	71	71	57	61	71	65	69
Assault weapon	66	55	43	52	52	49	54	51	50	48	52	54	52
Assault weapon details	48	33	27	36	37	34	40	41	39	32	40	35	37
Alcohol consumed prior to incident	100	100	100	100	100	100	100	100	100	98	100	100	100
Location last drink consumed	43	36	28	33	26	30	33	42	21	23	32	39	32
Location last drink consumed details	25	24	17	25	22	23	16	30	9	11	27	26	21
Police informed	19	28	26	35	20	15	30	26	10	15	31	4	22

## 6. AED data sharing and usage

As part of the 2012/13 work plan agreed with the Lancashire Trauma and Injury Intelligence Project Steering Group, bulletins were produced on a quarterly basis. In future, as part of the 2013/14 work plan, these will be generated bi-annually. Each Accident and Emergency Department (AED) across Lancashire (and the North West) has its own bulletin, reporting on patient demography and incidence levels based on the injury attendances to its AED in the past twelve months. These are uploaded to the TIIG website (<http://www.tiig.info/>) where they can be accessed by all partners. The bulletins usually consist of 3-4 pages, with figures presented through various tables and charts. The reports also include some specific information relating to assault attendances i.e. patient demographics and assault location.

### 6.1 Data sharing process

Disaggregated data from all AEDs in Lancashire are combined into one dataset and shared routinely with Lancashire County Council public health professionals, for the purposes of injury prevention and improving community safety. In addition, as agreed with local partners, data for Lancashire residents attending Southport and Formby District General Hospital are also shared with Lancashire County Council.

Data for assault-related attendances are sent securely via a SharePoint drop box to the Corporate Research and Intelligence Team at Lancashire County Council on a monthly basis, including supplementary data items, where collected. In addition, the full dataset covering all injury groups is shared quarterly. Data disseminated with Lancashire County Council are done so in adherence to the Caldicott principles<sup>CCC</sup>, ensuring patient anonymity. Attributable data, such as postcodes, NHS numbers, local patient identifier, street numbers etc., are not included in the datasets shared with the Corporate Research and Intelligence Team.

Lancashire County Council are authorised to disseminate data further, but restricted to members of the Multi-Agency Data Exchange (MADE) Partnership. The MADE is a service delivered on behalf of the Corporate Research and Intelligence Team at Lancashire County Council (see Box 3 for further information).

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<sup>CCC</sup> The *Caldicott Report* (December 1997) highlighted six key principles in regards to patient confidentiality. For more information, visit: [http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb\\_C/1195733746440](http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1195733746440)

**Box 3: The Multi-Agency Data Exchange (MADE)**

The MADE is a collation and dissemination facility which provides a reliable multi-agency exchange facility for MADE partners, those responsible for improving community safety across Lancashire. For further information, visit:

<http://www.saferlancashire.co.uk/2011/>

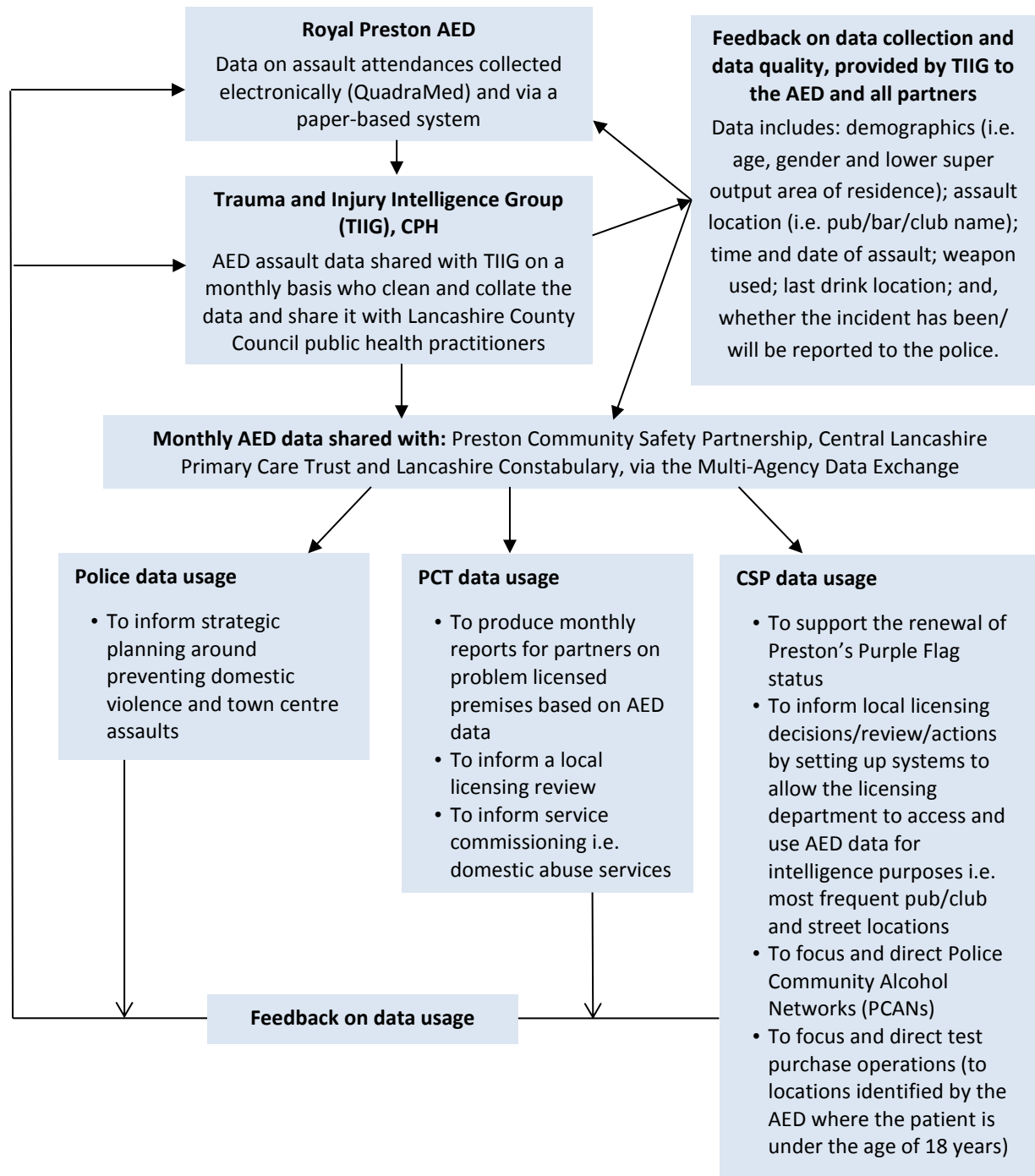
For the purpose of the TIIG Lancashire Project and promoting community safety, Lancashire County Council are authorised to provide data to restricted members of the MADE Partnership, including local police, Crime and Disorder Reduction Partnerships and licensing authorities.

For further details regarding the MADE Partnership or to request access to the data, please email [made@lancashire.gov.uk](mailto:made@lancashire.gov.uk) or call 01772 532864.

The purpose of data sharing is to allow local partners access to the data which can be used in a variety of ways. Trends can be identified from the data to inform local priorities, for example: joint strategic needs assessments; commissioning of services; license reviews; and, targeted policing based on hotspot areas identified from specific location of assault. Furthermore, TIIG can also carry out ad-hoc data requests as specified by local agencies, which can be requested via the TIIG website (<http://www.tiig.info/>).

The following diagram illustrates the data sharing and usage process with AED data, assault-related injury attendances specifically, using Royal Preston Hospital as an example (Figure 14).

Figure 14: Example of AED data sharing and usage within Preston Local Authority area



TIIG attends local meetings on a quarterly basis with the TIIG Lancashire Project Steering Group, comprised of LCC, local Community Safety Partnerships, local police and AED representatives, building strong partnerships across the county. At these meetings, TIIG updates the group on the progress of collection and quality of data at each of the AED and discussions occur on how data are being used in the local area. In turn, these local priorities can be fed back to the AEDs so that there is knowledge and appreciation of why data are being collected.



## 6.2 Examples of data use in Lancashire

In Lancashire, specific examples of TIIG data usage include the informing of the Lancashire Domestic Abuse Joint Strategic Needs Assessment, and assisting BSafe Blackpool<sup>DDD</sup> with the analysis of crime for their Strategic and Tactical products. Boxes 4 and 5 look at two further examples in more detail.

### **Box 4: Examples of how AED data are being used**

#### **Example 1**

In June 2013, a Consultant in Public Health had requested AED data for Royal Blackburn Hospital. The data required were assault attendances to the AED during 2012/13, including patient demographics, time of attendance and discharge method. The information was required for an Alcohol Prevention Action Group and submission of a national bid.

Furthermore, the Deputy Head of Information for the hospital had requested information on the rationale for identifying assault-related attendances in order to use TIIG data as supporting evidence for a bid for the Transformation Challenge Award. For further details about the government's Department for Communities and Local Government award scheme, visit:

<https://www.gov.uk/government/publications/transformation-challenge-award>

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<sup>DDD</sup> BSafe Blackpool was formerly known as the Blackpool Community Safety and Drugs Partnership. For further information visit:

<http://www.blackpool4me.com/Blackpool4Me/Community/Councillors/KathRowson-Councillor/BSafe+Blackpool.htm>

**Box 5: Examples of how AED data are being used**

**Example 2**

A particular nightclub in Preston city centre has been under scrutiny for the number of assaults involving its customers and security staff. As a result, Lancashire Constabulary submitted a request to review the licence for this premise. In support of the review, TIIG data collected by Royal Preston Hospital, where this venue had been stated as the location of the assault, was presented in court at the hearing alongside evidence presented by Lancashire Constabulary.

As a result, changes were made to the premise's licence, informed by Lancashire Constabulary and Lancashire County Council and the commitment of the venue's management to carry out a significant refurbishment, installation of additional closed-circuit television (CCTV) at the entrances and exits, increase in security personnel and implementation of the use of polycarbonate bottles.

All these examples demonstrate how TIIG data can be used to inform local priorities. Such examples should be shared with the AED staff recording the data in order to promote TIIG and show the significance of data collection.

### **6.3 TIIG in 2013/14**

As part of the service agreement, agreed between Lancashire County Council (LCC) and TIIG, the work plan for 2013/14 aims to support the AEDs in allowing the collection of the full range of questions in relation to injuries caused by violence and increasing data quality. This will be done through staff training workshops, promotion of TIIG data use and feedback of completion rates.

AED bulletins will be released bi-annually and a range of themed reports will be produced on topics as agreed by the TIIG Lancashire Project Steering Group. Data will continue to be shared with the Corporate Research and Intelligence Team at LCC on a monthly basis for assault attendances, and quarterly for the common data set covering all injury groups.

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## List of tables, figures and maps

### List of tables

Table 1: Injury attendances to Lancashire AEDs by injury group and month, 2012/13 .....	12
Table 2: Injury attendances to Lancashire AEDs by age group and month, 2012/13.....	14
Table 3: Injury attendances to Lancashire AEDs by ethnic group and month, 2012/13 .....	15
Table 4: Injury attendances to Lancashire AEDs by time group and month, 2012/13 .....	16
Table 5: Injury attendances to Lancashire AEDs by location and month, 2012/13.....	17
Table 6: Injury attendances to Lancashire AEDs by source of referral and month, 2012/13.....	18
Table 7: Injury attendances to Lancashire AEDs by mode of arrival and month, 2012/13 .....	18
Table 8: Injury attendances to Lancashire AEDs by disposal method and month, 2012/13 .....	19
Table 9: Injury attendances to Lancashire AEDs by injury group (excluding other injury), age group and gender, 2012/13 .....	20
Table 10: Injury attendances to Lancashire AEDs by time group, age group and gender, 2012/13 ....	21
Table 11: Injury attendances to Lancashire AEDs by disposal method, age group and gender, 2012/13 .....	21
Table 12: Injury attendances to Lancashire AEDs by Local Authority of residence, 2012/13 .....	22
Table 13: Injury attendances to Lancashire AEDs by top five LSOA of residence, 2012/13 .....	23
Table 14: Assault injury attendances to Lancashire AEDs by age group and gender, 2012/13.....	25
Table 15: Assault injury attendances to Lancashire AEDs by time group and day of attendance, 2012/13.....	26
Table 16: Assault injury attendances to Lancashire AEDs on Friday and Saturday nights by attendance day and time group, 2012/13 .....	26
Table 17: Assault injury attendances to Lancashire AEDs by incident location and month, 2012/13.....	27
Table 18: Assault injury attendances to Lancashire AEDs by source of referral and month, 2012/13..28	
Table 19: Assault injury attendances to Lancashire AEDs by mode of arrival and month, 2012/13....	28
Table 20: Assault injury attendances to Lancashire AEDs by disposal method and month, 2012/13..29	
Table 21: Assault injury attendances to Lancashire AEDs by disposal method and age group and gender, 2012/13 .....	29
Table 22: Assault injury attendances to Lancashire AEDs by assault weapon, 2012/13.....	30
Table 23: Assault injury attendances to Lancashire AEDs by alcohol consumed in the three hours prior to the incident, 2012/13 .....	31
Table 24: Assault injury attendances to Lancashire AEDs by location last drink consumed, 2012/13.	31

Table 25: Assault injury attendances to Lancashire AEDs by incident reported to the police, 2012/13 .....	32
Table 26: Deliberate self-harm injury attendances to Lancashire AEDs by age group and gender, 2012/13.....	34
Table 27: Deliberate self-harm injury attendances to Lancashire AEDs by time group and day of attendance, 2012/13 .....	35
Table 28: Deliberate self-harm injury attendances to Lancashire AEDs by incident location and month, 2012/13.....	35
Table 29: Deliberate self-harm injury attendances to Lancashire AEDs by source of referral and month, 2012/13 .....	36
Table 30: Deliberate self-harm injury attendances to Lancashire AEDs by mode of arrival and month, 2012/13.....	36
Table 31: Deliberate self-harm injury attendances to Lancashire AEDs by disposal method and month, 2012/13.....	37
Table 32: Deliberate self-harm injury attendances to Lancashire AEDs by disposal method, age group and gender, 2012/13 .....	37
Table 33: Fall injury attendances to Chorley and South Ribble Hospital and Royal Preston Hospital by age group and gender, 2012/13 .....	40
Table 34: Fall injury attendances to Chorley and South Ribble Hospital and Royal Preston Hospital by time group and day of attendance, 2012/13.....	41
Table 35: Fall injury attendances to Chorley and South Ribble Hospital and Royal Preston Hospital by incident location and month, 2012/13 .....	42
Table 36: Fall injury attendances to Chorley and South Ribble Hospital and Royal Preston Hospital by mode of arrival and month, 2012/13 .....	42
Table 37: Fall injury attendances to Chorley and South Ribble Hospital and Royal Preston Hospital by disposal method and month, 2012/13 .....	43
Table 38: Fall injury attendances to Chorley and South Ribble Hospital and Royal Preston Hospital by disposal method, age group and gender, 2012/13.....	43
Table 39: Road traffic collision injury attendances to Lancashire AEDs by age group and month, 2012/13.....	46
Table 40: Road traffic collision injury attendances to Lancashire AEDs by time group and day of attendance, 2012/13 .....	47
Table 41: Road traffic collision injury attendances to Lancashire AEDs by incident location and month, 2012/13.....	47

Table 42: Road traffic collision injury attendances to Lancashire AEDs by source of referral and month, 2012/13 .....	48
Table 43: Road traffic collision injury attendances to Lancashire AEDs by mode of arrival and month, 2012/13.....	48
Table 44: Road traffic collision injury attendances to Lancashire AEDs by disposal method and month, 2012/13.....	49
Table 45: Road traffic collision injury attendances to Lancashire AEDs by disposal method, age group and gender, 2012/13 .....	49
Table 46: Sports injury attendances to Lancashire AEDs by age group and gender, 2012/13.....	51
Table 47: Sports injury attendances to Lancashire AEDs by time group and month, 2012/13.....	52
Table 48: Sports injury attendances to Lancashire AEDs by incident location and month, 2012/13...	52
Table 49: Sports injury attendances to Lancashire AEDs by source of referral and month, 2012/13..	53
Table 50: Sports injury attendances to Lancashire AEDs by mode of arrival and month, 2012/13 .....	53
Table 51: Sports injury attendances to Lancashire AEDs by disposal method and month, 2012/13 ...	54
Table 52: Sports injury attendances to Lancashire AEDs by disposal method, age group and gender, 2012/13.....	54
Table 53: Number of injury attendances to Lancashire AEDs by injury group and AED, 2012/13 .....	55
Table 54: Number of injury attendances to Royal Blackburn Hospital by injury group, age group and gender, 2012/13 .....	56
Table 55: Injury attendances to Royal Blackburn Hospital by top five LSOA of residence, 2012/13 ...	57
Table 56: Number of injury attendances to Blackpool Victoria Hospital by injury group, age group and gender, 2012/13'.....	59
Table 57: Injury attendances to Blackpool Victoria Hospital by top five LSOA of residence, 2012/13	60
Table 58: Number of injury attendances to Chorley and South Ribble General Hospital by injury group, age group and gender, 2012/13 .....	61
Table 59: Injury attendances to Chorley and South Ribble General Hospital by top five LSOA of residence, 2012/13 .....	62
Table 60: Number of injury attendances to Royal Lancaster Infirmary by injury group, age group and gender, 2012/13 .....	63
Table 61: Injury attendances to Royal Lancaster Infirmary, by top five LSOA of residence, 2012/13 .	64
Table 62: Number of injury attendances to Ormskirk District General Hospital by injury group, age group and gender, 2012/13 .....	65
Table 63: Injury attendances to Ormskirk District General Hospital by top five LSOA of residence, 2012/13.....	66

Table 64: Number of injury attendances to Royal Preston Hospital by injury group, age group and gender, 2012/13 .....	67
Table 65: Injury attendances to Royal Preston Hospital by top five LSOA of residence, 2012/13 .....	68
Table 66: Data collection processes employed by each of the Lancashire AEDs .....	69
Table 67: Data items collected by each Lancashire AED.....	73
Table 68: Completion rates for additional information surrounding injuries caused by assault, Blackpool Victoria Hospital, 2012/13 (%) .....	74
Table 69: Completion rates for additional information surrounding injuries caused by assault, Chorley and South Ribble Hospital, 2012/13 (%).....	75
Table 70: Completion rates for additional information surrounding injuries caused by assault, Ormskirk District General Hospital, 2012/13 (%).....	76
Table 71: Completion rates for additional information surrounding injuries caused by assault, Royal Preston Hospital, 2012/13 (%) .....	77

## List of figures

Figure 1: Injury attendances to Lancashire AEDs by gender and month, 2012/13 .....	13
Figure 2: Injury attendances to Lancashire AEDs by age group and month, 2012/13 .....	13
Figure 3: Injury attendances to Lancashire AEDs by day of attendance, 2012/13 .....	15
Figure 4: Assault injury attendances to Lancashire AEDs by gender and month, 2012/13.....	24
Figure 5: Assault injury attendances to Lancashire AEDs by age group and month, 2012/13 .....	24
Figure 6: Deliberate self-harm injury attendances to Lancashire AEDs by gender and month, 2012/13 .....	32
Figure 7: Deliberate self-harm injury attendances to Lancashire AEDs by age group and month, 2012/13.....	33
Figure 8: Fall injury attendances to Chorley and South Ribble Hospital and Royal Preston Hospital by gender and month, 2012/13.....	38
Figure 9: Fall injury attendances to Chorley and South Ribble Hospital and Royal Preston Hospital by age group and month, 2012/13.....	39
Figure 10: Road traffic collision injury attendances to Lancashire AEDs by gender and month, 2012/13.....	44
Figure 11: Road traffic collision injury attendances to Lancashire AEDs by age group and month, 2012/13.....	45
Figure 12: Sports injury attendances to Lancashire AEDs by gender and month, 2012/13 .....	50
Figure 13: Sports injury attendances to Lancashire AEDs by age group and month, 2012/13 .....	50

Figure 14: Example of AED data sharing and usage within Preston Local Authority area..... 80

**List of maps**

Map 1: Injury attendances to Lancashire AEDs by LSOA of residence (overlaid by local authority), Lancashire residents only, 2012/13 ..... 23

Map 2: Injury attendances to Royal Blackburn Hospital by LSOA of residence (overlaid by local authority boundaries), Lancashire residents only, 2012/13..... 57

Map 3: Injury attendances to Blackpool Victoria Hospital by LSOA of residence (overlaid by local authority boundaries), Lancashire residents only, 2012/13..... 60

Map 4: Injury attendances to Chorley and South Ribble General Hospital by LSOA of residence (overlaid by local authority boundaries), Lancashire residents only, 2012/13 ..... 62

Map 5: Injury attendances to Royal Lancaster Infirmary by LSOA of residence (overlaid by local authority boundaries), Lancashire residents only, 2012/13..... 64

Map 6: Injury attendances to Ormskirk District General Hospital by LSOA of residence (overlaid by local authority boundaries), Lancashire residents only, 2012/13 ..... 66

Map 7: Injury attendances to Royal Preston Hospital by LSOA of residence (overlaid by local authority boundaries), Lancashire residents only, 2012/13..... 68