

Centre for Public Health, Liverpool John Moores University

# **TRAUMA AND INJURY INTELLIGENCE GROUP IN CUMBRIA**

**AN ANALYSIS OF INJURY ATTENDANCES  
ACROSS CUMBRIA (2010/11 - 2012/13)**

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## 1.0 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 Emergency Departments (EDs) pose a burden on health services and social resources. According to Public Health England, in 2010/11 there were 46,806 attendances to a Cumbria EDs due to unintentional and deliberate injury. This is a rate of 10418.0 per 100,000 population, higher than the England average (9243.6 per 100,000)<sup>1</sup>.

Unintentional injuries in 2008-10 accounted for 374 deaths in Lancashire, equivalent to the rate of 18.5 per 100,000 population, which is higher than the England average of 15.2 per 100,000 population<sup>2</sup>. In 2010/11 there were 6,244<sup>A</sup> hospital admissions due to unintentional injuries. At a rate of 1060.6 per 100,000 population, once more this is above the England average (1007.7 per 100,000 population)<sup>3</sup>.

There were 735 admissions owing to violence in 2008/09-2010/11. At a rate of 59.2 per 100,000 population, this is lower than the average for England (68.6 per 100,000 population)<sup>4</sup>. Deliberate self-harm (DSH) in 2010/11 accounted for 1,136 admissions, a rate of 265.6 per 100,000 population, which is higher than the 212.0 per 100,000 population England average<sup>5</sup>.

Both forms of injury are preventable through targeted injury prevention strategies<sup>6</sup>. 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.

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

The purpose of this report is to provide an overview of the Trauma and Injury Intelligence Group (TIIG) to public health practitioners in Cumbria and those involved with injury prevention. The first

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

section of the report outlines TIIG's aims and processes for injury prevention, outlining the work conducted as part of TIIG's Injury Surveillance System (ISS). The second section then discusses the results of data analyses of attendances to Cumbria's EDs between 2010/11 and 2012/13, informing relevant personal of the information available.

## 2.0 TRAUMA AND INJURY INTELLIGENCE GROUP IN CUMBRIA

### 2.1 BACKGROUND TO THE TRAUMA AND INJURY INTELLIGENCE GROUP

The Trauma and Injury Intelligence Group (TIIG), based at the Centre for Public Health (CPH), Liverpool John Moores University, was first established across Merseyside in 2001. Data sharing pathways have been developed with the Emergency Departments (EDs) across the north west of England in order to collect quality and reliable intentional and unintentional injury data through the Injury Surveillance System (ISS). The purpose of TIIG is to enable systematic data collection, sharing and use across the North West, with the aims of:

- Identification and monitoring of trends in intentional and unintentional injuries;
- Assisting local partners on injury intelligence (including health services, public health practitioners, police, licensing authorities and Community Safety Partnerships);
- Enhancing ED datasets to support local public health priorities;
- Informing injury prevention strategies through needs assessment;
- Providing a sophisticated evaluation of the impact of interventions;
- Identifying at-risk groups; and,
- Being a focal point for the dissemination of evidence to support EDs in the north west of England through the CPH's on-going work as a World Health Organisation collaborating centre for violence prevention.



Trauma and Injury Intelligence Group | [www.tiig.info](http://www.tiig.info)



Centre for Public Health | [www.cph.org.uk](http://www.cph.org.uk)

TIIG data can be used alongside datasets of other organisations and agencies, including the police, North West Ambulance Service (NWAS) and Hospital Episode Statistics (HES), in measuring and monitoring levels of injury and violence, thus to target interventions at those most at risk. TIIG data can therefore support the planning and delivery of services, working towards the public health outcomes framework (PHOF)<sup>B</sup> desired outcomes for violence and injury-related indicators.

<sup>B</sup> The Department of Health policy paper *Healthy lives, healthy people: improving outcomes and supporting transparency part 1: a public health outcomes framework for England, 2013-2016* sets out desired outcomes for public health and how

## 2.2 PROCESS IN CUMBRIA

In order to access TIIG data, data sharing protocols have been developed, agreed and signed between TIIG and the NHS trusts<sup>c</sup>. There are three Emergency Departments (EDs) in Cumbria; Cumberland Infirmary, Furness General Hospital and West Cumberland Hospital (see Table 1).

**Table 1: Emergency Departments in Cumbria**

Emergency Department	NHS Trust	IT system used	Routine of data submission to TIIG
Cumberland Infirmary	North Cumbria University Hospitals NHS Trust (NCUHT)	Symphony	Monthly
West Cumberland Hospital			
Furness General Hospital	University Hospitals of Morecambe Bay NHS Trust (UHMBT)	Lorenzo	Quarterly

Data are submitted to TIIG via a secure SharePoint drop box on either a monthly or quarterly basis, however as of December 2013, UHMBT are to start submitting data on a monthly basis also. In receipt of the ED data files, TIIG cleans and validates data, recoding where necessary, before analyses.

Generally, data collected by the Cumbria EDs include:

- **Patient demographics:** *age, sex and area of residence* (i.e. postcode, 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*.
- **Referral source** e.g. *self-referral, GP, emergency services, police*.
- **Incident location type** e.g. *home, work, educational establishment, public place*.
- **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*.

The following table outlines the data items currently collected by each of the EDs across Cumbria (Table 2).

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these will be measured, with the vision of improving and protecting the nation's health and wellbeing, improving the health of the poorest fast<sup>7</sup>.

<sup>c</sup> All data sharing protocols have been reviewed by the Centre for Public Health at Liverpool John Moores University (2013).

**Table 2: Data items collected by Cumbria Emergency Departments**

Field name	Emergency Department/NHS Trust		
	UHMBT	NCUHT	
	Furness General Hospital	Cumberland Infirmary	West Cumberland Hospital
Gender	✓	✓	✓
Date of birth	✗	✓	✓
Age	✓	✓	✓
Postcode	✓	✓	✓
Census Area Statistics ward <sup>D</sup>	✗	✓	✓
Super Output Area <sup>E</sup>	✓	✓	✓
Local Authority	✗	✗	✗
Ethnic group	✓	✓	✓
Attendance date	✓	✓	✓
Attendance time	✓	✓	✓
Injury group	✓	✓	✓
Arrival mode	✓	✓	✓
Referral source	✓	✓	✓
Presenting complaint	✗	✓	✓
Primary diagnosis	✓	✓	✓
Incident date	✗	✗	✗
Incident time	✗	✗	✗
Incident location	✓	✓	✓
Disposal/discharge method	✓	✓	✓
Attendance category: first visit/ follow-up	✓	✓	✓

NCUHT also collects additional information for assault-related injury attendances for the purpose of violence prevention. However, between 2010/11 and 2012/13, supplementary information had been provided for just 97 assault attendances, less than 2% of the total number of assault attendances.

<sup>D</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>

<sup>E</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>

## 2.3 REPORTING

As part of the 2013/14 work plan agreed with Cumbria County Council, bulletins for each ED in the county are produced bi-annually; for previous years such reports were available on a quarterly basis. Hospital specific bulletins report on patient demography and incidence levels, based on the injury attendances to the ED in the past twelve months. They usually consist of three or four pages, with figures presented through various tables and charts, and also include some specific information relating to assault attendances i.e. patient demographics and assault location. The bulletins are uploaded to the TIIG website ([www.tiig.info](http://www.tiig.info)) where they can be accessed by all partners.

It has also been agreed that two or three themed reports will be produced utilising ED injury data, however, these themes will be discussed further and agreed following the release of this report.

## 2.4 DATA SHARING AND DATA USE

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 assault location.

Currently there is no process in place to share patient-level data. This is being discussed and it's anticipated that an agreement will allow data to be shared with Cumbria County Council public health professionals on a quarterly basis, once data sharing protocols have been agreed and signed by relevant personnel. Data dissemination principles and Caldicott principles<sup>F</sup> will be followed to ensure patient anonymity and confidentiality. Attributable data, such as postcodes, NHS numbers, local patient identifier, street numbers etc., will not be included in the datasets.

TIIG can also carry out ad-hoc aggregated data requests as specified by local agencies, which can be requested via the TIIG website, an example of which is illustrated in Box 1. TIIG aims to complete data requests within the date specified by the requester, but within 28 days as a standard rule.

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<sup>F</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 1: Example of an ad-hoc data request**

In July 2013, a Public Health Intelligence Analyst from Cumbria County Council submitted a data request, as per the following criteria:

<b>Date of request</b>	2 <sup>nd</sup> July, 2013
<b>Date of completion</b>	5 <sup>th</sup> July, 2013
<b>Data sources</b>	Cumberland Infirmary, Furness General Hospital, West Cumberland Hospital
<b>Years</b>	2011/12 and 2012/13
<b>Injury group(s)</b>	All
<b>Patient age</b>	0-18 years
<b>Incident location</b>	In the home

The reason for the request was to inform the children and young person’s emotional health and wellbeing needs assessment.

**2.5 VIOLENCE-RELATED ACTIVITY**

Violence is a major public health concern in the UK with assault-related injuries proving a burden on our health services<sup>8</sup>. According to Public Health England, between 2008/09 and 2010/11 there were 103,201 violence-related hospital admissions<sup>4</sup>. The UK Government reported 290,959 assaults resulted in injury in 2012/13<sup>9</sup>, however, this figure is based on recorded crime only and it is known that a proportion of assaults that require hospital treatment are not reported to the police<sup>10</sup>.

As promoted by the World Health Organisation (WHO), the recording and sharing of emergency department (ED) data is a key element of injury prevention<sup>11,12</sup>. Therefore the data collected by EDs (including patient demography, attendance date and time, assault weapon and assault location) can contribute to the reduction of violence.

Furthermore, as reported by the Home Office, there is a correlation between violence and the night-time economy (NTE)<sup>13</sup>. The NTE is made up of the leisure industry, namely pubs, bars and clubs, in towns and cities<sup>14</sup>. It is within these licensed premises where alcohol consumption is widespread and it is well-known that the consumption of alcohol is strongly associated with violence<sup>15</sup>.

One of the aims of TIIG is to assist EDs in collecting enhanced information for assault-related injury attendances for the purpose of violence prevention and community safety. The College of

Emergency Medicine (CEM)<sup>6</sup> has written guidelines for sharing information in order to reduce violence. CEM recommendations are outlined 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 guidelines 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 EDs 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 attackers
  - Gender of attacker/s
  - Relation to the attacker/s
- Whether the police have been or will be informed of the incident

TIIG is aware that the IT systems used by all three EDs in Cumbria are capable of capturing all or some of this information for violence. As stated earlier, less than 2% of assault attendances to Cumberland Infirmary and West Cumberland Hospital have additional data recorded. At present, Furness General Hospital does not collect any additional information for violence, however, the IT

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<sup>6</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/>.

system is capable of recording some of these questions. Table 3 outlines the additional data items the IT systems are able to record.

**Table 3: Additional data items collected by Cumbria Emergency Departments for assault-related injury attendances**

Field name	Emergency Department/ NHS Trust		
	UHMBT	NCUHT	
	Furness General Hospital	Cumberland Infirmary	West Cumberland Hospital
Assault date/time	✓	✓	✓
Assault location type	✓	✓	✓
Assault location details [free text]	✓	✓	✓
Assault weapon	✓	✓	✓
Assault weapon details	✓	✓	✓
Alcohol consumed in the 3 hours prior to the incident	✗	✓	✓
Location last drink consumed	✗	✓	✓
Location last drink consumed details [free text]	✗	✓	✓
Police informed/ will be informed of the incident	✗	✓	✓
Number of attackers	✗	✓	✓
Gender of attacker/s	✗	✓	✓
Relation to attacker/s	✗	✓	✓
Attacker/s consumed alcohol	✗	✓	✓

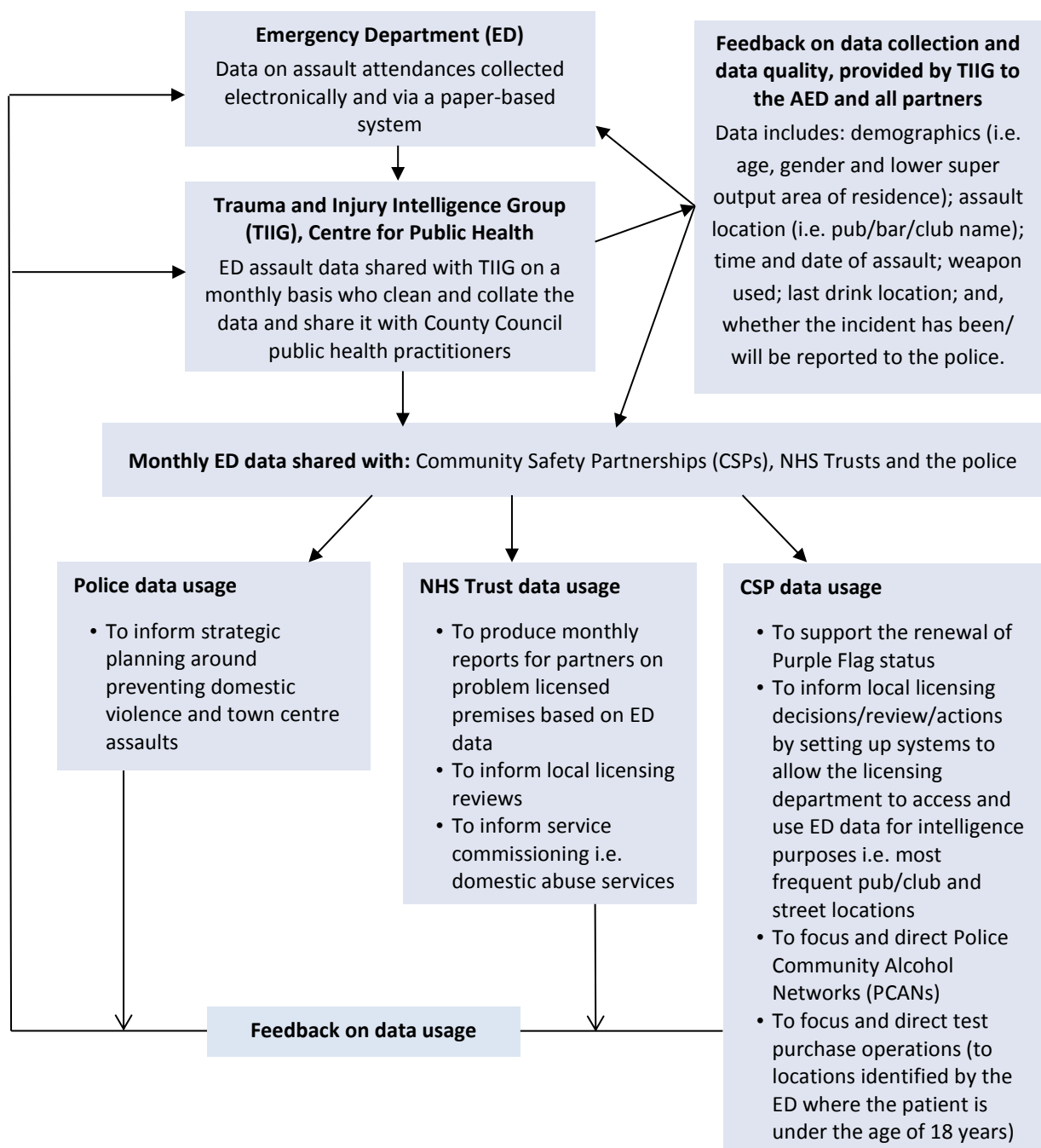
TIIG has met with representatives from UHMBT to discuss the collection of data for the purpose of violence prevention. It has been agreed that the following data items will be programmed into their IT system, Lorenzo,: whether alcohol has been consumed in the three hours prior to the incident; the general location of where alcohol was last consumed (e.g. *Pub/bar*); the specific location of where alcohol was last consumed (i.e. premise name); and, whether the police have been or will be informed of the incident. It is expected for these changes to be implemented by January 2014.

During the meeting, data collection processes were discussed, however, this was within the trust's other ED, Royal Lancaster Infirmary. Reception staff will record the assault date/time; assault location type; assault location details; assault weapon; and, assault weapon details. Triage staff will record whether alcohol has been consumed in the three hours prior to the incident; the location type of where alcohol was last consumed; the specific location of where alcohol was last consumed; and, whether the police have been or will be informed of the incident. Once this process is implemented within Royal Lancaster Infirmary, it is expected for it to be replicated in Furness General Hospital.

Meetings with ED representatives from NCUHT are required in order to discuss current data collection processes to determine who is responsible for collecting each of the data items and to encourage completion for all assault-related injury attendances.

When the EDs are collecting information regarding violence, TIIG can arrange to share this data on a monthly basis with relevant partners, particularly police and licencing authorities. The following diagram illustrates the data sharing and usage process with ED data, assault-related injury attendances specifically, using an ED in another county as an example (Figure 1).

Figure 1: Example of Emergency Department data sharing and usage within a Local Authority area



### 3.0 AN ANALYSIS OF INJURY ATTENDANCES ACROSS CUMBRIA (2010/11-2012/13)

#### 3.1 SUMMARY

- There were 111,349 injury attendances to Cumbria's Emergency Departments (EDs) between 2010/11 and 2012/13; 100,826 were unintentional (90.5%) and 10,523 intentional (9.5%).
- Just under three-quarters (72.6%) of all injury attendances were recorded as other injury, 11.3% as sports injury, 6.7% as road traffic collision (RTC), and the two intentional injury groups, deliberate self-harm (DSH) and assault accounted for 4.8% and 4.6% of attendances.
- The number of DSH attendances increased over the three year period; attendances for all other injury groups decreased.
- Over nine in ten (91.8%) of attendances were made by Cumbria residents: 36.0% of Cumbria residents were living in Carlisle, 21.1% in Allerdale, 22.7% in Copeland, 11.9% in Barrow-in-Furness, 5.0% in Eden and 3.2% in South Lakeland local authorities.
- Nearly half (49.5%) of attendances were to Cumberland Infirmary, 34.9% to West Cumberland Hospital and 15.6% to Furness General Hospital.
- Overall, there were slightly more males than females presenting to Cumbria's EDs with injuries (males=55.6%). Just under a third (32.2%) of all attendees were aged between 30 and 59 years, followed by 28.7% aged between 15 and 29 years, 18.8% aged 60 years and above, 13.9% aged between five and 14 years and 6.4% aged four years and under.
- Over two in five (43.8%) of all attendances sustained injuries in the home.
- Just under seven in ten (68.6%) of all attendances were self-referred to the ED and over one-fifth (22.1%) arrived to the ED by ambulance.
- Over half (53.5%) of all attendees were discharged with no follow-up treatment required, 12.8% were admitted to hospital, 11.0% referred to other outpatient clinic and 10.1% discharged requiring follow-up treatment from a General Practitioner (GP).
- *Assaults:* There were 5,164 injury attendances between 2010/11 and 2012/13 due to assault. Three-quarters (75.1%) of all assault attendees were male and just under three-fifths (58.2%) were aged between 15 and 29 years. Overall, assault-related injury attendees were generally males aged between 20 and 24 years (18.8%).
- *Deliberate self-harm (DSH):* Between 2010/11 and 2012/13, there were 5,359 attendances owing to DSH. Overall there were more females (54.1%) and half (50.3%) were aged between 30 and 59 years. Largely, DSH attendees were 15-19 year old females (9.1%).

- *Road traffic collision (RTC)*: Cumbria EDs saw 7,489 injury attendances due to a RTC in the three year period. For all attendances, 56.9% were male, with 40.7% aged between 15 and 29 years and 40.2% aged between 30 and 59 years. Overall, attendees were mostly males aged between 20 and 24 years (9.0%).
- *Sport*: There were 12,546 sport-related injury attendances between 2010/11 and 2012/13. Over four in five (83.0%) of all attendees were male, with over half (53.3%) aged between 15 and 29 years. Overall, sport-related injury attendees were 15-19 year old males (20.4%).

## 3.2 METHODS

For this report, TIIG accessed injury data covering the years 2010/11, 2011/12 and 2012/13 for analyses. Data from the three Emergency Departments (EDs) across Cumbria have been combined into one dataset to report incidence levels and patient demography.

The results are presented through tables and charts showing figures for all attendances to the three EDs during the three year period plus a separate figure for Cumbria residents only. Maps have been created using *InstantAtlas* software to illustrate where the attendees live in Cumbria.

In order 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.

## 3.3 ALL INJURIES ACROSS CUMBRIA EMERGENCY DEPARTMENTS

### NUMBER OF ATTENDANCES

Between April 2010 and March 2013, there were 111,349 injury attendances to the Emergency Departments (EDs) across Cumbria, with figures fluctuating across the three years (Table 4). There was a 4.9% decrease in attendances between 2010/11 and 2011/12, with 2012/13 experiencing a 1.3% increase from the previous year. Across the three years, 91.8% of attendances were made by Cumbria residents. The number of presentations by those living in Cumbria decreased by 3.4% in 2012/13 compared to 2010/11.

**Table 4: Injury attendances to Cumbria EDs by year of attendance and local authority of residence, 2010/11 - 2012/13**

	2010/11	2011/12	2012/13	Total	%
<b>All attendances</b>	38215	36338	36796	111349	-
<b>Cumbria residents</b>	35055	33283	33857	102195	91.8%
<b>Local authority of residence</b>					
<i>Allerdale</i>	7204	6963	7440	21607	21.1%
<i>Barrow-in-Furness</i>	4744	3917	3536	12197	11.9%
<i>Carlisle</i>	12213	12056	12503	36772	36.0%
<i>Copeland</i>	7912	7736	7586	23234	22.7%
<i>Eden</i>	1679	1563	1834	5076	5.0%
<i>South Lakeland</i>	1303	1048	958	3309	3.2%

Table 4 also illustrates the local authority of residence for those living in Cumbria. Over one-third (36.0%) of attendees to Cumbria’s EDs were resident in Carlisle, followed by over one in five resident in Copeland (22.7%) and Allerdale (21.1%).

Just under half (49.5%) of all attendances were to Cumberland Infirmary (n=55,085), followed by 34.9% to West Cumberland Hospital (n=38,862) and 15.6% to Furness General Hospital (n=17,402) (Table 5). At Furness General Hospital ED, 93.3% of the patients attending with injuries were resident in Cumbria. Three-quarters (74.6%) of these were from Barrow-in-Furness, with almost one-fifth (19.4%) from South Lakeland and 5.7% from Copeland. Just under nine in ten (88.5%) of attendees presenting at Cumberland Infirmary were from Cumbria. Three-quarters (75.1%) were resident in Carlisle, 13.8% in Allerdale and 10.3% in Eden. Of the attendees presenting at West Cumberland Hospital, 95.8% were Cumbria residents, with almost three in five (59.3%) resident in Copeland and two in five (40.0%) in Allerdale.

**Table 5: Injury attendances by ED and local authority of residence, 2010/11 - 2012/13**

	UHMBNT		NCUHNT			
	Furness General Hospital		Cumberland Infirmary		West Cumberland Hospital	
<b>All attendances</b>	17402		55085		38862	
	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
<b>Cumbria residents only</b>	16242	93.3%	48741	88.5%	37212	95.8%
<b>Local authority of residence</b>						
<i>Allerdale</i>	22	0.1%	6713	13.8%	14872	40.0%
<i>Barrow-in-Furness</i>	12117	74.6%	32	0.1%	48	0.1%
<i>Carlisle</i>	17	0.1%	36623	75.1%	132	0.4%
<i>Copeland</i>	924	5.7%	233	0.5%	22077	59.3%
<i>Eden</i>	13	0.1%	5026	10.3%	37	0.1%
<i>South Lakeland</i>	3149	19.4%	114	0.2%	46	0.1%

## AREA OF RESIDENCE

TIIG reports on the attendee's area of residence. All Cumbria EDs provide TIIG with a full postcode and Super Output Area (SOA)<sup>H</sup>. From this data, TIIG can calculate relevant geographies for reporting.

The Middle Layer Super Output Area (MSOA) of attendees' location of residence is illustrated in Map 1, overlaid by local authority boundaries. A table accompanies the map, highlighting the top ten MSOAs in Cumbria for attendances.

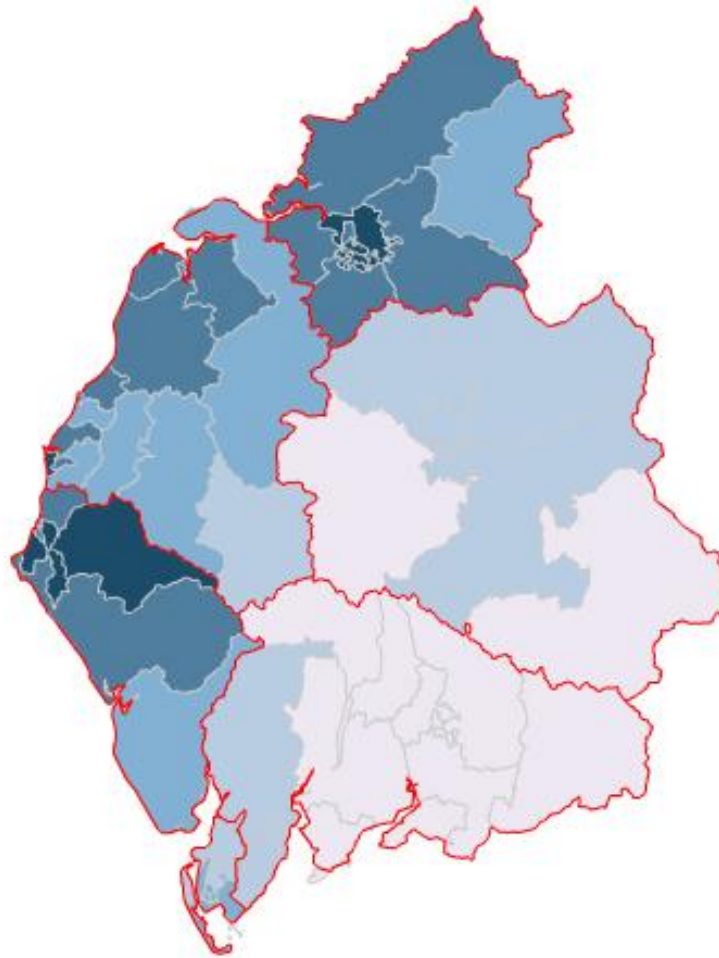
Maps 2-4 are broken down by ED, showing the MSOA of residence for attendees to each of the hospitals. Tables are also included to highlight the top five MSOAs. As expected, for each ED, there are higher numbers of attendees resident in the MSOAs surrounding each ED, thus confirming the figures presented in Table 5 above.

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<sup>H</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>

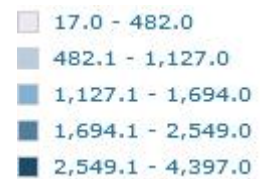


**Map 1: Injury attendances to Cumbria EDs by MSOA of residence (overlaid by local authority boundaries), Cumbria residents only, 2010/11 - 2012/13**

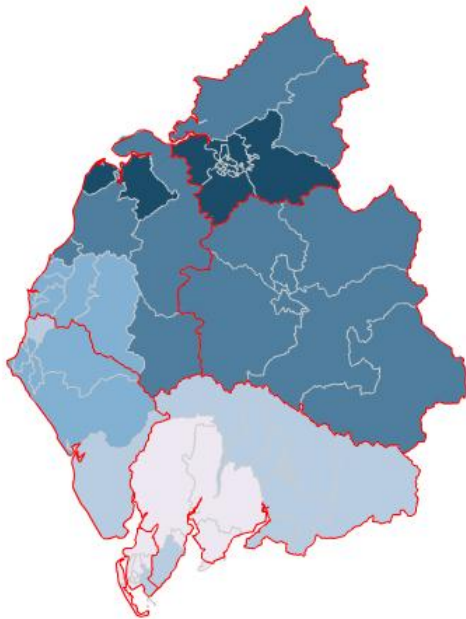


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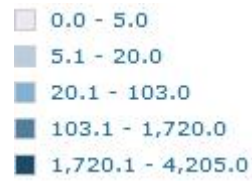
MSOA code	MSOA name	n
E02004004	Copeland 005	4363
E02004003	Copeland 004	4312
E02004002	Copeland 003	3809
E02004005	Copeland 006	2868
E02003973	Allerdale 009	2756
E02004001	Copeland 002	2208
E02004006	Copeland 007	2199
E02003972	Allerdale 008	2006
E02003974	Allerdale 010	1989
E02004000	Copeland 001	1938



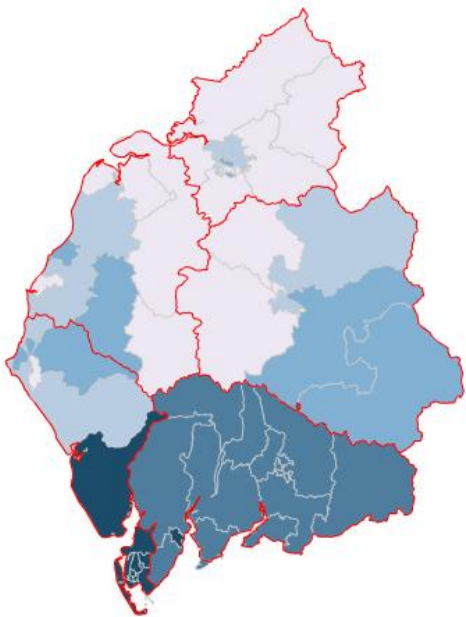
**Map 2: Injury attendances to Cumberland Infirmary ED by MSOA of residence (overlaid by local authority boundaries), 2010/11 - 2012/13**



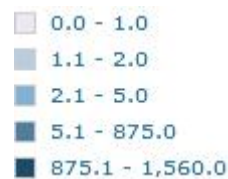
MSOA code	MSOA name	n
E02003997	Carlisle 011	4205
E02003995	Carlisle 009	4104
E02003996	Carlisle 010	3664
E02003992	Carlisle 006	3127
E02003994	Carlisle 008	3106



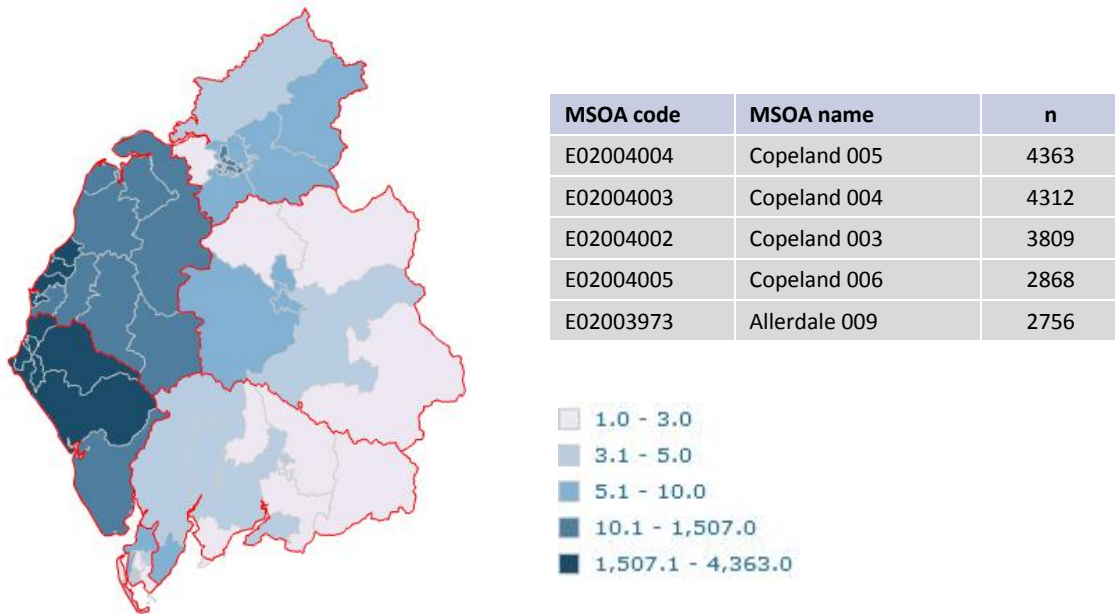
**Map 3: Injury attendances to Furness General Hospital ED by MSOA of residence (overlaid by local authority boundaries), 2010/11 - 2012/13**



MSOA code	MSOA name	n
E02003983	Barrow-in-Furness 007	1560
E02003980	Barrow-in-Furness 004	1504
E02003984	Barrow-in-Furness 008	1326
E02003982	Barrow-in-Furness 006	1217
E02003981	Barrow-in-Furness 005	1189



**Map 4: Injury attendances to West Cumberland Hospital ED by top five MSOAs of residence (overlaid by local authority boundaries), 2010/11 – 2012/13**



### INJURY GROUPS

Tables 6 and 7 present the injury groups of attendances between 2010/11 and 2012/13. There were a total of 100,826 unintentional injuries (90.5%) and 10,523 intentional (9.5%) (Table 6). Overall, just under three-quarters (72.6%) of unintentional and deliberate injury attendances were recorded as other injury (n=80,791). The highest specified injury group was sports injury, accounting for 11.3% of injury attendances (n=12,546), followed by 6.7% for road traffic collision (RTC) (n=7,489). The two intentional injury groups, deliberate self-harm (DSH) (n=5,359) and assault (n=5,164), accounted for 4.8% and 4.6% of attendances respectively.

There were similarities when looking at attendances by Cumbria residents only (Table 7). There were 92,342 unintentional injuries (90.4%) and 9,853 intentional (9.6%). Other injury accounted for just over seven in ten (72.3%) of all unintentional and deliberate injury attendances (n=73,924), followed by 11.6% with sport-related injuries (n=11,840). RTC accounted for 6.4% of presentations (n=6,578), DSH (n=5,040) for 4.9% and assault (n=4,813) for 4.7%.

**Table 6: Injury attendances to Cumbria EDs by year of attendance and injury group (all attendances), 2010/11 - 2012/13**

Injury group		2010/11	2011/12	2012/13	Total	%	%
Intentional injuries	Assault	1840	1761	1563	5164	4.6%	9.5%
	Deliberate self-harm	1581	1844	1934	5359	4.8%	
	Total	3421	3605	3497	10523	-	
Unintentional injuries	Other injury	27644	26026	27121	80791	72.6%	90.5%
	Road traffic collision	2648	2531	2310	7489	6.7%	
	Sport injury	4502	4176	3868	12546	11.3%	
	Total	34794	32733	33299	100826	-	
<b>Total injuries</b>		<b>38215</b>	<b>36338</b>	<b>36796</b>	<b>111349</b>	<b>-</b>	<b>100.0%</b>

**Table 7: Injury attendances to Cumbria EDs by year of attendance and injury group (Cumbria residents), 2010/11 - 2012/13**

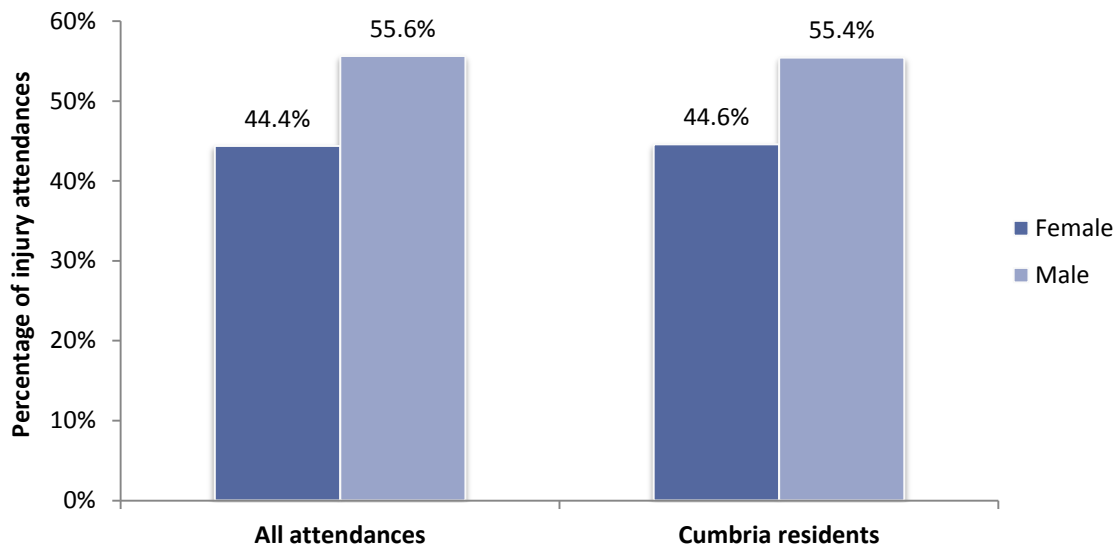
Injury group		2010/11	2011/12	2012/13	Total	%	%
Intentional injuries	Assault	1711	1632	1470	4813	4.7%	9.6%
	Deliberate self-harm	1482	1732	1826	5040	4.9%	
	Total	3193	3364	3296	9853	-	
Unintentional injuries	Other injury	25269	23763	24892	73924	72.3%	90.4%
	Road traffic collision	2359	2200	2019	6578	6.4%	
	Sport injury	4234	3956	3650	11840	11.6%	
	Total	31862	29919	30561	92342	-	
<b>Total injuries</b>		<b>35055</b>	<b>33283</b>	<b>33857</b>	<b>102195</b>	<b>-</b>	<b>100.0%</b>

Although there was an overall 3.7% decrease in attendances across the three years, there were some variations across specified injury groups. For injuries sustained by assault, sport and RTC, attendances decreased by 15.1%, 14.1% and 12.8% respectively between 2010/11 and 2012/13. However, attendances owing to DSH increased by 22.3% (Table 6). For Cumbria residents only, the number of RTC, assault and sport-related injury attendances decreased by 14.4%, 14.1% and 13.8% respectively, with DSH increasing by 23.2% (Table 7).

#### PATIENT DEMOGRAPHY

Figure 2 shows the gender of all injury attendees across 2010/11 - 2012/13. Overall, more than half (55.6%) of attendees were male (n=61,943), and a similar proportion of Cumbria residents were male also (n=56,661; 55.4%).

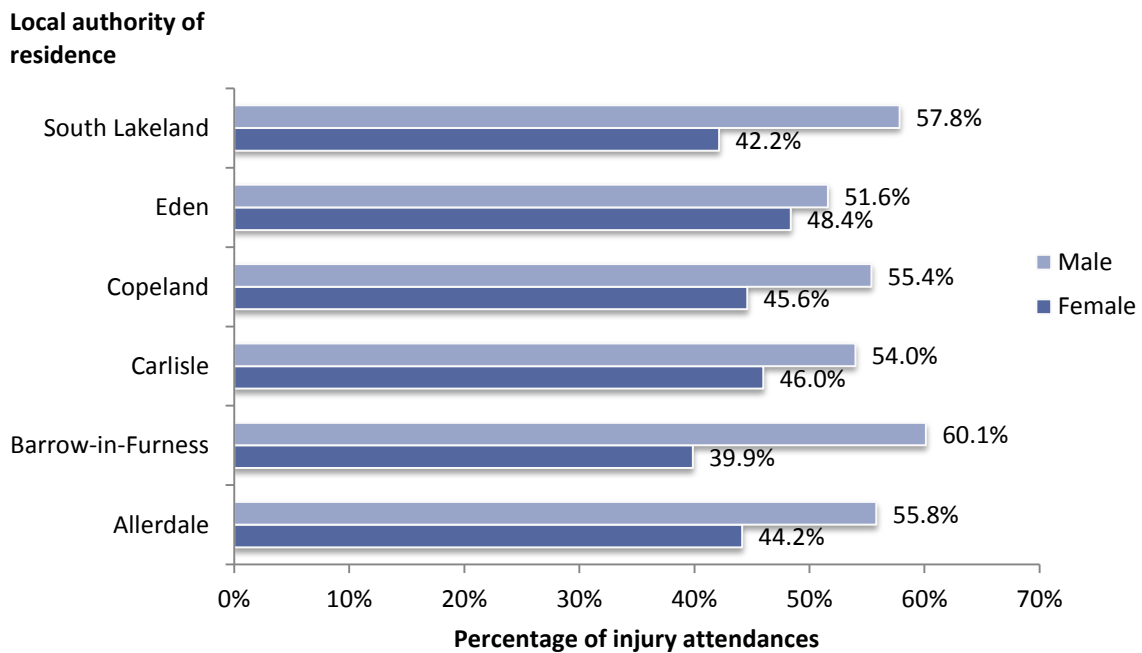
Figure 2: Injury attendances to Cumbria EDs by gender, 2010/11 - 2012/13



All attendances=111,349; Cumbria residents=102,195<sup>1</sup>.

There were some minor variations in the proportions of males when looking at the local authority of residence (Figure 3). There was only a slight difference between male and female attendees resident in Eden (males=51.6%), while South Lakeland and Barrow-in-Furness residents accounted for a larger proportion of males when compared to all attendances (57.8% and 60.1% respectively).

Figure 3: Injury attendances to Cumbria EDs by gender and local authority of residence (Cumbria residents), 2010/11 - 2012/13<sup>1</sup>

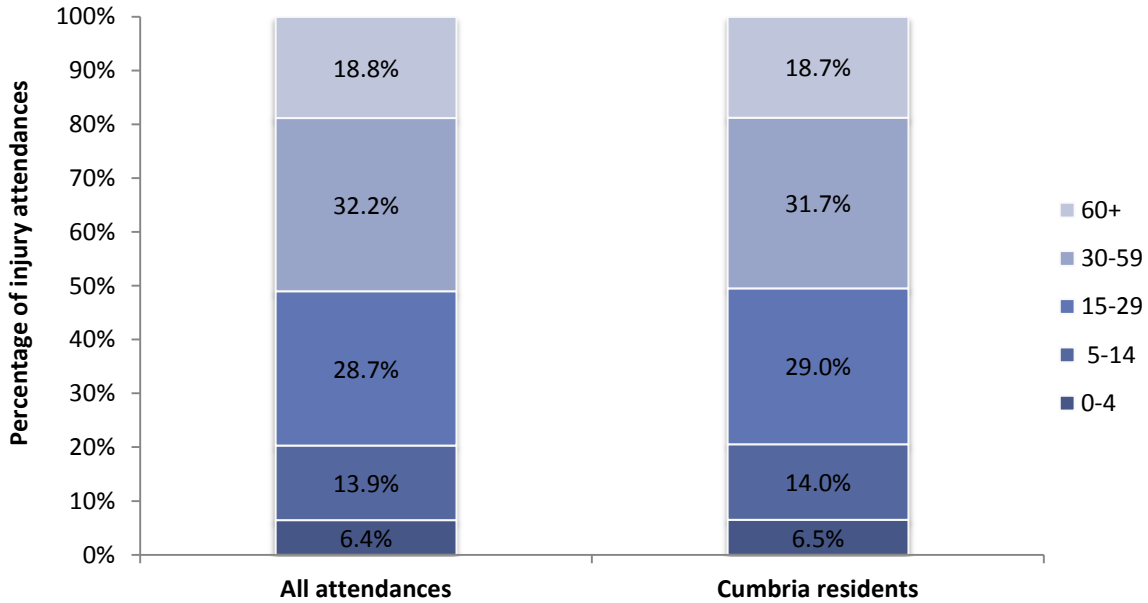


<sup>1</sup> There were two attendances where the gender was unknown; one of these was resident in Cumbria.

<sup>2</sup> There was one attendance where the gender was unknown.

The age groups of ED attendances are illustrated in Figure 4. Overall, attendees aged between 30 and 59 years accounted for the highest proportion of all injury attendances (n=35,812; 32.2%), followed by 28.7% aged between 15 and 29 (n=31,953) and 18.8% aged 60 years plus (n=20,950). Cumbria residents aged between 30 and 59 years made up 31.7% of injury attendances (n=32,400), with 29.0% aged 15-29 (n=29,609) and 18.7% aged 60 years and above (n=19,157).

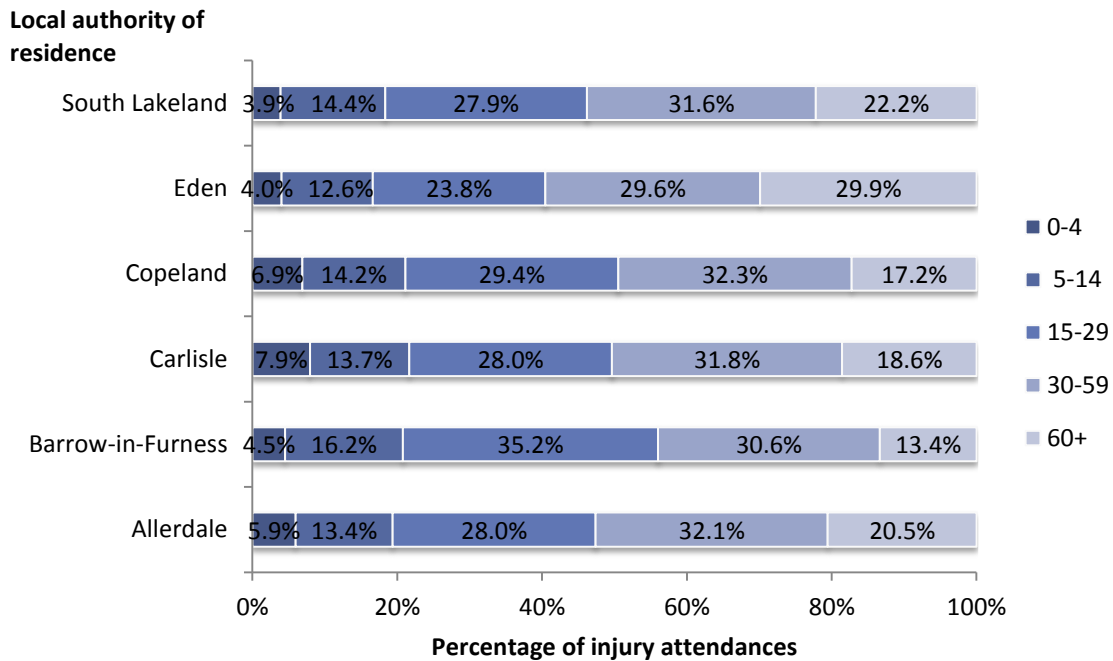
**Figure 4: Injury attendances to Cumbria EDs by age group, 2010/11 - 2012/13**



All attendances=111,349; Cumbria residents=102,195.

Figure 5 demonstrates the age group of Cumbria residents attending an ED in Cumbria between 2010/11 and 2012/13. There were slightly larger proportions of 15-29 year olds attending an ED who were resident in Barrow-in-Furness compared to other local authority areas, as well as there being a greater proportion of attendees who were 60 years and above and were resident in Eden.

**Figure 5: Injury attendances to Cumbria EDs by age group and local authority of residence (Cumbria residents), 2010/11 - 2012/13**



As established earlier, there were more males than females presenting to Cumbria’s EDs due to injury. However, when looking at the age of attendees in more detail, using five year age groups, there are some differences, particularly within the older age groups (Table 8). There were more males than females in each of the five year age groups who were aged 0-54 years, ranging from 64.2% males aged between 25 and 29 years and 53.4% males aged between 50 and 54 years. Females accounted for more attendances in each of the five year age groups for those aged 55 years and more, ranging from 67.5% females aged 75 years plus and 50.3% females aged between 55 and 59 years. These findings also match those by attendees resident in Cumbria.

**Table 8: Injury attendances to Cumbria EDs by five year age groups and gender, 2010/11 - 2012/13<sup>K</sup>**

Age group	All attendances						Cumbria residents					
	Female		Male		Total		Female		Male		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
0-4	3082	43.0%	4090	57.0%	7172	6.4%	2846	42.6%	3828	57.4%	6674	6.5%
5-9	2631	44.1%	3338	55.9%	5969	5.4%	2440	44.1%	3088	55.9%	5528	5.4%
10-14	3791	39.9%	5701	60.1%	9493	8.5%	3507	39.7%	5319	60.3%	8827	8.6%
15-19	4185	37.2%	7072	62.8%	11257	10.1%	3895	37.1%	6603	62.9%	10498	10.3%
20-24	4224	36.1%	7466	63.9%	11690	10.5%	3958	36.4%	6915	63.6%	10873	10.6%
25-29	3227	35.8%	5779	64.2%	9006	8.1%	3002	36.4%	5236	63.6%	8238	8.1%
30-34	2673	38.9%	4203	61.1%	6876	6.2%	2471	39.3%	3819	60.7%	6290	6.2%
35-39	2487	40.3%	3678	59.6%	6166	5.5%	2311	41.2%	3296	58.8%	5607	5.5%
40-44	2876	43.0%	3819	57.0%	6695	6.0%	2673	44.0%	3399	56.0%	6072	5.9%
45-49	2702	42.6%	3646	57.4%	6348	5.7%	2480	43.2%	3256	56.8%	5736	5.6%
50-54	2470	46.6%	2831	53.4%	5301	4.8%	2262	47.5%	2504	52.5%	4766	4.7%
55-59	2226	50.3%	2200	49.7%	4426	4.0%	1976	50.3%	1953	49.7%	3929	3.8%
60-64	1985	50.9%	1914	49.1%	3899	3.5%	1744	50.4%	1717	49.6%	3461	3.4%
65-69	1775	53.0%	1575	47.0%	3350	3.0%	1538	52.3%	1405	47.7%	2943	2.9%
70-74	1797	61.4%	1131	38.6%	2928	2.6%	1621	61.1%	1033	38.9%	2654	2.6%
75+	7273	67.5%	3500	32.5%	10773	9.7%	6809	67.4%	3290	32.6%	10099	9.9%
<b>Total</b>	<b>49404</b>	<b>44.4%</b>	<b>61943</b>	<b>55.6%</b>	<b>111349</b>	<b>100.0%</b>	<b>45533</b>	<b>44.6%</b>	<b>56661</b>	<b>55.4%</b>	<b>102195</b>	<b>100.0%</b>

## ATTENDANCE INFORMATION

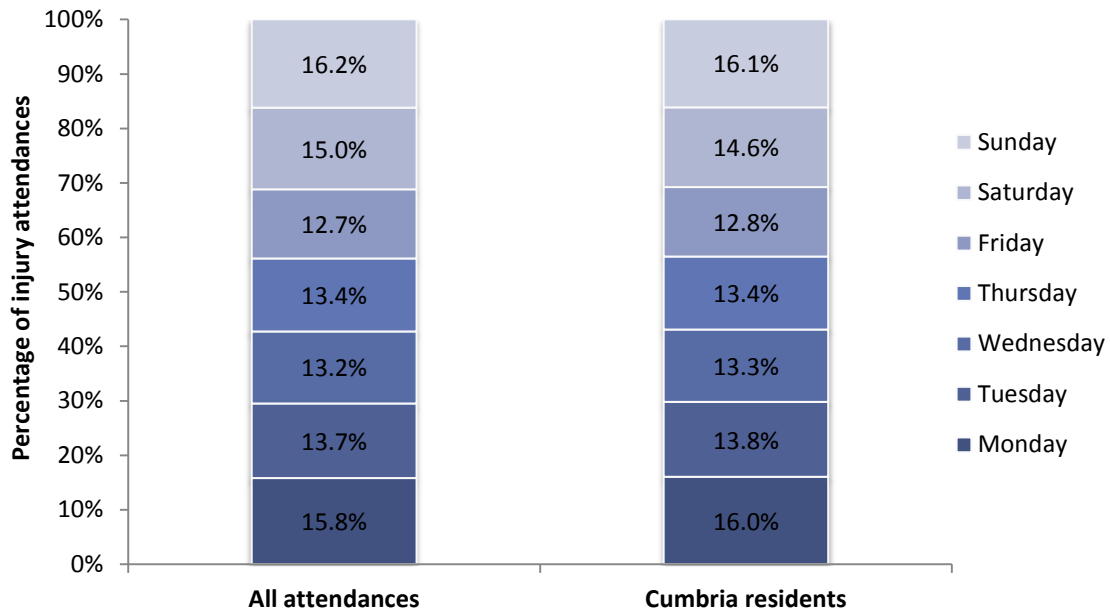
### *Peak times*

Each ED in Cumbria captures the date of attendance to the department. Figure 6 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 Sunday (All attendances=16.2%; Cumbria residents=16.1%), followed by Monday (All attendances=15.8%; Cumbria residents=16.0%).

<sup>K</sup> There were two attendances where the gender was unknown; one of these was resident in Cumbria.



Figure 6: Injury attendances to Cumbria EDs by day of attendance, 2010/11 - 2012/13



All attendances=111,349; Cumbria residents=102,195.

UHMBT provides the time of attendance in the following format; HH:MM:SS (e.g. 23:35:00). The two NCUHT EDs, however, record the time in varying formats, including 645, for example. The latter therefore makes it difficult to calculate time groups for attendances, particularly when it's not known if the time is AM or PM. For this reason, the time of attendance has not been included in this report. TIIG will discuss this issue with NCUHT in order for the attendance time to be submitted in the correct format to enable better reporting.

**Incident location**

The primary incident location was recorded as the home, accounting for 43.8% of all attendances and 45.7% of Cumbria residents (Table 9). Over a third (33.6%) of all incidents was recorded as having taken place in 'other' location followed by 13.5% in a public place. Just under a third (32.3%) of Cumbria residents reported 'other' as incident location, with 12.7% in a public place.

**Table 9: Injury attendances to Cumbria EDs by incident location, 2010/11 - 2012/13<sup>L</sup>**

Incident location	All attendances		Cumbria residents	
	n	%	n	%
Home	48748	43.8%	46704	45.7%
Other	37447	33.6%	32996	32.3%
Public place	15024	13.5%	12971	12.7%
Work	5539	5.0%	5058	4.9%
Educational establishment	4589	4.1%	4464	4.4%
<b>Total</b>	<b>111349</b>	<b>100.0%</b>	<b>102195</b>	<b>100.0%</b>

### Referral source

Nearly seven in ten attendances between 2010/11 and 2012/13 were self-referrals (all attendances=68.6%; Cumbria residents=69.6%) (Table 10). The emergency services referred 18.7% of all attendances and 17.8% of Cumbria residents, followed by 4.1% and 4.2% (respectively) referred by a general medical practitioner.

**Table 10: Injury attendances to Cumbria EDs by source of referral, 2010/11 - 2012/13<sup>M</sup>**

Referral source	All attendances		Cumbria residents	
	n	%	n	%
Self-referral	68132	68.6%	63409	69.6%
Emergency services	18565	18.7%	16194	17.8%
General medical practitioner	4086	4.1%	3866	4.2%
Other	3339	3.4%	2765	3.0%
Work	2385	2.4%	2188	2.4%
Health care provider	1146	1.2%	1023	1.1%
Educational establishment	941	0.9%	924	1.0%
Police	738	0.7%	672	0.7%
Local Authority social services	<20	0.0%	<20	0.0%
General dental practitioner	***	0.0%	***	0.0%
<b>Total</b>	<b>99351</b>	<b>100.0%</b>	<b>91058</b>	<b>100.0%</b>

### Arrival mode

Table 11 illustrates patients' mode of arrival to the ED. The majority of attendances were recorded as 'other' mode of arrival (all attendances=75.1%; Cumbria residents=76.0%). Over one-fifth of attendances arrived by ambulance (all attendances=22.1%; Cumbria residents=21.1%).

<sup>L</sup> There were two attendances where the incident location was not recorded; both of these were resident in Cumbria. These have been included in the totals.

<sup>M</sup> There were a total of 11,998 attendances where the source of referral was not recorded; 11,137 were Cumbria residents. These have been omitted from the table. 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 11: Injury attendances to Cumbria EDs by mode of arrival, 2010/11 - 2012/13<sup>N</sup>**

Arrival mode	All attendances		Cumbria residents	
	n	%	n	%
Other	77225	75.1%	71622	76.0%
Ambulance	22719	22.1%	19892	21.1%
By foot	2844	2.8%	2695	2.9%
Helicopter	7	0.0%	6	0.0%
Public transport	***	0.0%	***	0.0%
Private transport	***	0.0%	***	0.0%
Unknown	***	0.0%	***	0.0%
<b>Total</b>	<b>102804</b>	<b>100.0%</b>	<b>94222</b>	<b>100.0%</b>

***Disposal method***

The disposal method can provide an indication of the severity of injuries sustained. Table 12 demonstrates that over half of injury attendees were discharged with no follow-up treatment required (all attendances=53.5%); Cumbria residents=53.8%). For all attendances, 12.8% were admitted to hospital, 11.0% referred to other outpatient clinic and 10.1% discharged requiring follow-up treatment from a General Practitioner (GP). Similarly, 12.6% of Cumbria residents were admitted, 11.0% were referred to other outpatient clinic and 10.0% were discharged into the care of a GP.

<sup>N</sup> There were a total of 8,545 attendances where the mode of arrival was not recorded; 7,973 were Cumbria residents. These have been omitted from the table. All numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality.

Table 12: Injury attendances to Cumbria EDs by disposal method, 2010/11 - 2012/13<sup>o</sup>

Disposal method	All attendances		Cumbria residents	
	n	%	n	%
Discharged - did not require any follow-up treatment	38409	53.5%	35595	53.8%
Admitted to hospital	9172	12.8%	8336	12.6%
Referred to other outpatient clinic	7919	11.0%	7285	11.0%
Discharged - follow-up treatment to be provided by GP	7259	10.1%	6646	10.0%
Referred to A&E clinic	2819	3.9%	2694	4.1%
Referred to fracture clinic	2062	2.9%	1962	3.0%
Left department before being treated	1482	2.1%	1382	2.1%
Referred to other health care professional	1374	1.9%	1088	1.6%
Transferred to other health care provider	465	0.6%	406	0.6%
Other	376	0.5%	341	0.5%
Follow up within ED	231	0.3%	220	0.3%
Left department having refused treatment	232	0.3%	213	0.3%
Died in department	19	0.0%	19	0.0%
Left before triage	<10	0.0%	<10	0.0%
Unknown	***	0.0%	***	0.0%
<b>Total</b>	<b>71827</b>	<b>100.0%</b>	<b>66195</b>	<b>100.0%</b>

<sup>o</sup> There were a total of 39,522 attendances where the disposal method was not recorded; 36,000 were Cumbria residents. These have been omitted from the table. 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 ASSAULT

### NUMBER OF ATTENDANCES

Between 2010/11 and 2012/13 there were total of 5,164 attendances due to injury caused by assault (Table 13). The number of assault attendances in 2011/12 decreased by 4.3% compared to the previous year, with the number decreasing a further 11.2% in 2012/13.

Overall, 93.2% of assault attendees were living in Cumbria. The largest proportion of attendees with assault-related injuries was from Carlisle (40.0%). One-fifth (19.5%) were from Copeland, 18.1% from Barrow-in-Furness and 17.0% from Allerdale.

**Table 13: Assault injury attendances to Cumbria EDs by year of attendance and local authority of residence, 2010/11 - 2012/13**

	2010/11	2011/12	2012/13	Total	%
<b>All attendances</b>	1840	1761	1563	5164	-
<b>Cumbria residents</b>	1711	1632	1470	4813	93.2%
<b>Local authority of residence</b>					
<i>Allerdale</i>	291	266	260	817	17.0%
<i>Barrow-in-Furness</i>	297	296	276	869	18.1%
<i>Carlisle</i>	673	688	563	1924	40.0%
<i>Copeland</i>	358	301	280	939	19.5%
<i>Eden</i>	56	54	51	161	3.3%
<i>South Lakeland</i>	36	27	40	103	2.1%

Table 14 shows that just less than half (49.2%) of assault-related injury attendances were to Cumberland Infirmary (n=2,542), followed by three in ten (29.5%) to West Cumberland Hospital (n=1,542) and over one-fifth (21.3%) to Furness General Hospital (n=1,098). At Furness General Hospital ED, over nine in ten (92.7%) of the patients attending with injuries due to assault were resident in Cumbria. The majority (85.0%) were from Barrow-in-Furness, with one-tenth (9.8%) from South Lakeland and 5.0% from Copeland. For attendees presenting at Cumberland Infirmary, 91.3% were from Cumbria. More than four-fifths (82.5%) were resident in Carlisle, 9.7% in Allerdale and 6.9% in Eden. West Cumberland Hospital had 96.7% of its assault attendees living in Cumbria. Almost three-fifths (59.2%) were resident in Copeland and two-fifths (40.1%) in Allerdale.

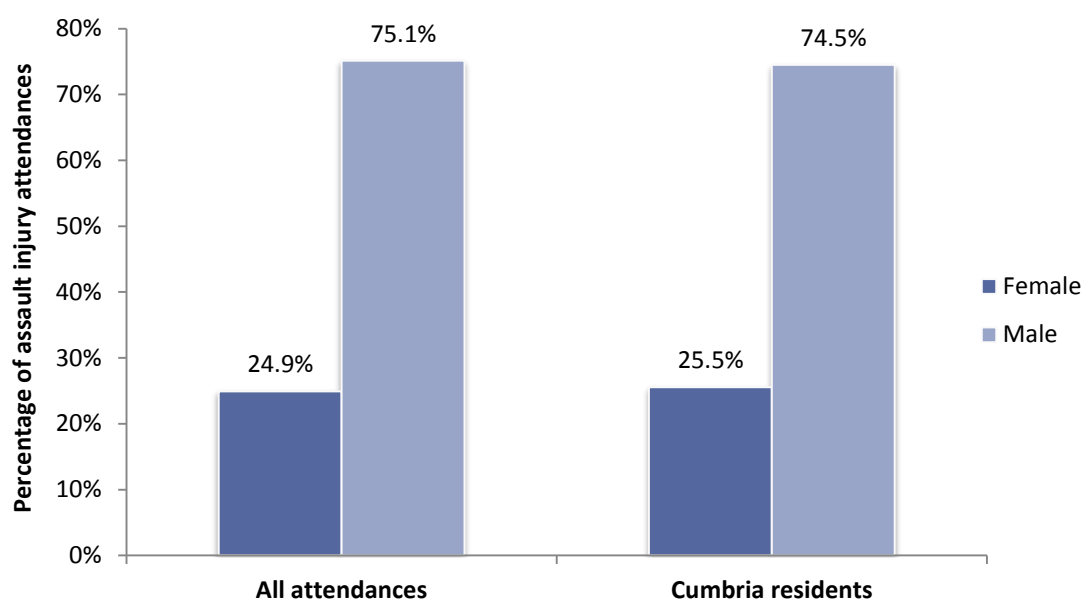
Table 14: Assault injury attendances by ED and local authority of residence, 2010/11 - 2012/13<sup>P</sup>

	UHMBNT		NCUHNT			
	Furness General Hospital		Cumberland Infirmary		West Cumberland Hospital	
<b>All attendances</b>	1098		2542		1524	
	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
<b>Cumbria residents only</b>	1018	92.7%	2321	91.3%	1474	96.7%
<b>Local Authority of residence</b>						
<i>Allerdale</i>	***	0.1%	225	9.7%	591	40.1%
<i>Barrow-in-Furness</i>	865	85.0%	***	0.1%	***	0.1%
<i>Carlisle</i>	***	0.1%	1915	82.5%	8	0.5%
<i>Copeland</i>	51	5.0%	16	0.7%	872	59.2%
<i>Eden</i>	0	-	160	6.9%	***	0.1%
<i>South Lakeland</i>	100	9.8%	***	0.1%	0	-

### PATIENT DEMOGRAPHY

Three-quarters of assault attendances to Cumbria EDs across the three years were male (all attendances=75.1%; Cumbria residents=74.5%) (Figure 7).

Figure 7: Assault injury attendances to Cumbria EDs by gender, 2010/11 - 2012/13

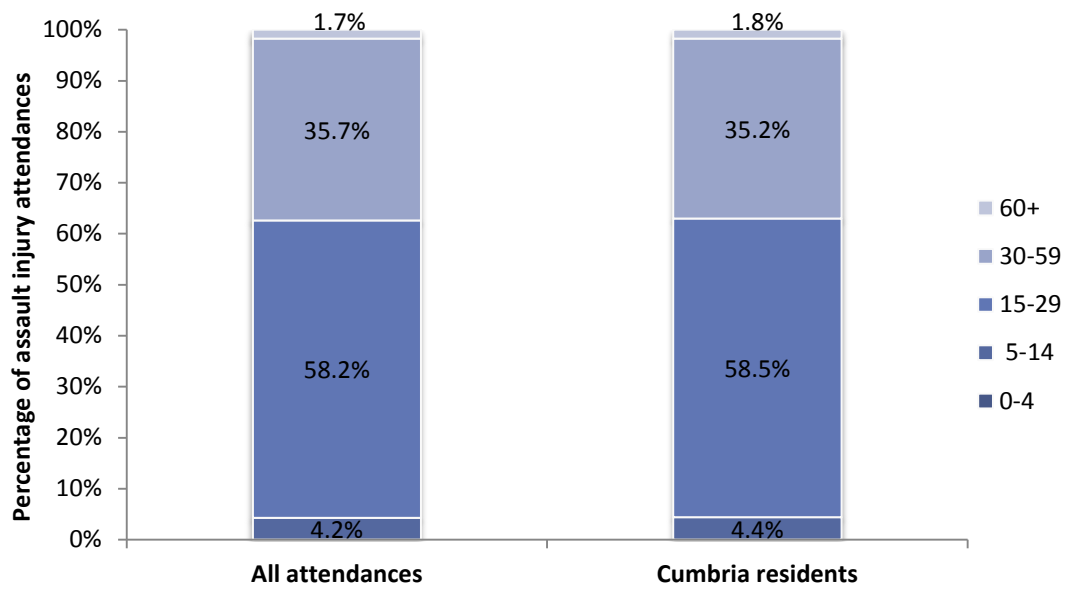


All attendances=5,164; Cumbria residents=4,813.

Just under three in five (58.2%) of all assault attendances were aged between 15 and 29 years, followed by 35.7% aged between 30 and 59. Likewise for Cumbria residents, 58.5% were aged between 15 and 29 with 35.2% aged 30-59 years (Figure 8).

<sup>P</sup> All numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality.

Figure 8: Assault injury attendances to Cumbria EDs by age group, 2010/11 - 2012/13<sup>Q</sup>



All attendances=5,164; Cumbria residents=4,813.

Table 15 shows the demographics of assault attendees in more detail, showing different proportions within age groups. However, in such circumstances, figures should be treated with caution as there are fewer attendances for those aged 0-14 years and 55 years and above. Overall, assault attendees were generally males aged between 20 and 24 years (all attendances=970; Cumbria residents=899).

<sup>Q</sup> Due to low numbers, 0-4 year olds have been omitted from this chart. All attendances and Cumbria residents = 0.1% each.

**Table 15: Assault injury attendances to Cumbria EDs by five year age groups and gender, 2010/11 - 2012/13<sup>R</sup>**

Age group	All attendances						Cumbria residents					
	Female		Male		Total		Female		Male		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
0-4	***	42.9%	***	57.1%	7	0.1%	***	42.9%	***	57.1%	7	0.1%
5-9	***	22.2%	<15	77.8%	18	0.3%	***	22.2%	<15	77.8%	18	0.4%
10-14	45	22.4%	156	77.6%	201	3.9%	44	22.8%	149	77.2%	193	4.0%
15-19	245	25.3%	723	74.7%	968	18.7%	237	25.5%	691	74.5%	928	19.3%
20-24	265	21.5%	970	78.5%	1235	23.9%	250	21.8%	899	78.2%	1149	23.9%
25-29	181	22.5%	624	77.5%	805	15.6%	177	23.9%	563	76.1%	740	15.4%
30-34	130	27.3%	347	72.7%	477	9.2%	126	28.9%	310	71.1%	436	9.1%
35-39	101	26.9%	275	73.1%	376	7.3%	93	27.1%	250	72.9%	343	7.1%
40-44	120	29.6%	285	70.4%	405	7.8%	112	30.4%	256	69.6%	368	7.6%
45-49	82	27.1%	221	72.9%	303	5.9%	78	27.9%	202	72.1%	280	5.8%
50-54	57	29.7%	135	70.3%	192	3.7%	55	30.2%	127	69.8%	182	3.8%
55-59	32	36.0%	57	64.0%	89	1.7%	31	36.9%	53	63.1%	84	1.7%
60-64	8	16.7%	40	83.3%	48	0.9%	7	15.2%	39	84.8%	46	1.0%
65-69	***	17.4%	<20	82.6%	23	0.4%	***	17.4%	<20	82.6%	23	0.5%
70-74	<10	55.6%	***	44.4%	9	0.2%	***	50.0%	***	50.0%	8	0.2%
75+	***	37.5%	<10	62.5%	8	0.2%	***	37.5%	<10	62.5%	8	0.2%
<b>Total</b>	1285	24.9%	3879	75.1%	5164	100.0%	1228	25.5%	3585	74.5%	4813	100.0%

## ATTENDANCE INFORMATION

### *Incident location*

Almost half (46.7%) of assaults were reported to have taken place in ‘other’ location (Table 16). Over a third occurred in a public place (all attendances=34.1%; Cumbria residents=33.4%), followed by 14.8% of all assault attendances and 15.3% of Cumbria residents which occurred at home.

**Table 16: Assault injury attendances to Cumbria EDs by incident location, 2010/11 - 2012/13**

Incident location	All attendances		Cumbria residents	
	n	%	n	%
<b>Other</b>	2411	46.7%	2246	46.7%
<b>Public place</b>	1761	34.1%	1606	33.4%
<b>Home</b>	763	14.8%	738	15.3%
<b>Educational establishment</b>	146	2.8%	142	3.0%
<b>Work</b>	83	1.6%	81	1.7%
<b>Total</b>	5164	100.0%	4813	100.0%

<sup>R</sup> 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.



**Disposal method**

Table 17 illustrates that over half (53.9%) of all attendees presenting with assault-related injuries were discharged without follow-up treatment required, followed by 12.4% who were referred to other outpatient clinic. One in ten (10.0%) of all attendances and 9.9% of Cumbria residents were discharged requiring follow-up treatment by a General Practitioner (GP), with 8.1% and 8.0% respectively, admitted to hospital. In addition, 6.4% of attendees left the ED before being treated.

**Table 17: Assault injury attendances to Cumbria EDs by disposal method, 2010/11 - 2012/13<sup>5</sup>**

Disposal method	All attendances		Cumbria residents	
	n	%	n	%
Discharged - did not require any follow-up treatment	1780	53.9%	1661	53.9%
Referred to other outpatient clinic	409	12.4%	382	12.4%
Discharged - follow-up treatment to be provided by GP	330	10.0%	306	9.9%
Admitted to hospital	267	8.1%	245	8.0%
Left department before being treated	210	6.4%	196	6.4%
Referred to A&E clinic	72	2.2%	70	2.3%
Referred to other health care professional	68	2.1%	62	2.0%
Referred to fracture clinic	46	1.4%	44	1.4%
Left department having refused treatment	37	1.1%	34	1.1%
Other	37	1.1%	33	1.1%
Transferred to other health care provider	34	1.0%	32	1.0%
Follow up within ED	11	0.3%	10	0.3%
Left before triage	***	0.1%	***	0.1%
Died in department	***	0.0%	***	0.0%
<b>Total</b>	<b>3305</b>	<b>100.0%</b>	<b>3079</b>	<b>100.0%</b>

**ADDITIONAL ASSAULT INFORMATION**

As discussed in the first section of this report, the completion of additional data regarding violence is poor; less than 2% of assault attendees had information recorded. Between 2010/11 and 2012/13, only Cumberland Infirmary and West Cumberland Hospital had provided some of this information. The figures in the following tables should therefore be treated with caution as they will not accurately reflect assault attendances as a whole.

<sup>5</sup> There were a total of 1,859 attendances where the disposal method was not recorded; 1,734 were Cumbria residents. These have been omitted from the table. All numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality.

### Assault weapon

For the assault attendances where an assault weapon was recorded, 48.9% of all attendances and half (50.0%) of Cumbria residents incurred injuries caused by a body part (Table 18).

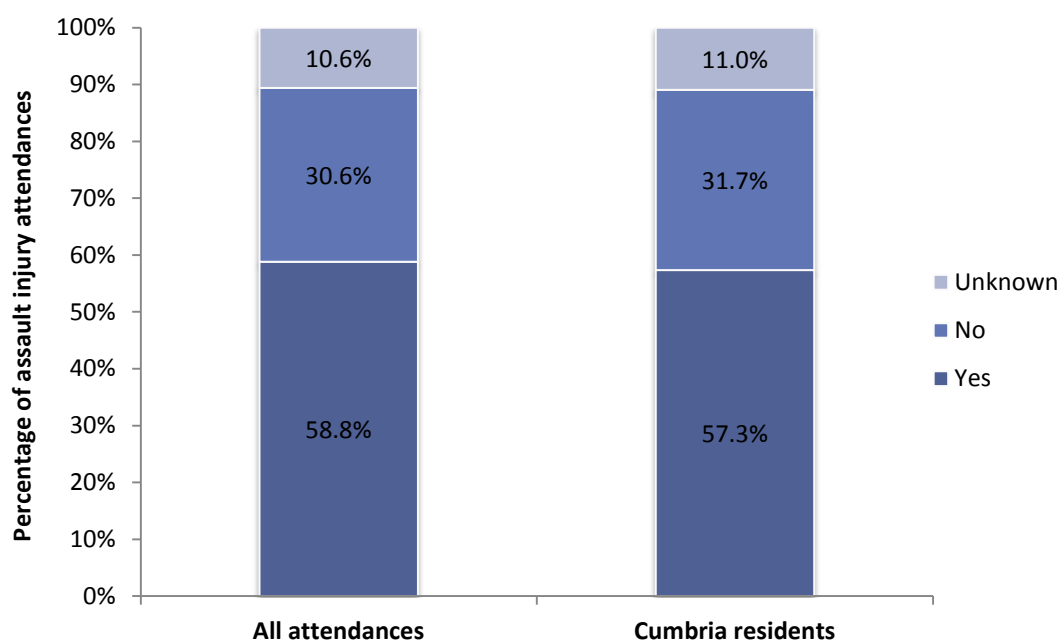
**Table 18: Assault injury attendances to Cumbria EDs by assault weapon, 2010/11 - 2012/13<sup>T</sup>**

Assault weapon	All attendances		Cumbria residents	
	n	%	n	%
Body part (e.g. fist)	45	48.9%	44	50.0%
Other	18	19.6%	17	19.3%
Unknown	13	14.1%	13	14.8%
Blunt object	9	9.8%	7	8.0%
Glass	***	4.3%	***	4.5%
Bottle	***	2.2%	***	2.3%
Unable to answer	***	1.1%	***	1.1%
<b>Total</b>	<b>92</b>	<b>100.0%</b>	<b>88</b>	<b>100.0%</b>

### Alcohol

In total, there were 85 assault attendances with information recorded in response to whether alcohol had been consumed in the three hours prior to the incident (Figure 9). Nearly three in five attendees had consumed alcohol (all attendances=50; 58.8%; Cumbria residents=47; 57.3%).

**Figure 9: Assault injury attendances to Cumbria EDs by alcohol consumed in the three hours prior to the incident, 2010/11 - 2012/13**



All attendances=85; Cumbria residents=82.

<sup>T</sup> All numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality.

Table 19 illustrates the location of where the patient last consumed alcohol if drinking in the three hours prior to the incident. More than two-fifths of attendances were reported as unknown (all attendances=41.2%; Cumbria residents=43.1%). Pub/bar was reported in 38.2% of all attendances, followed by 8.8% in a nightclub/disco. For Cumbria residents, 36.9% of patients had last consumed alcohol in a pub/bar, with 9.2% in a nightclub/disco.

**Table 19: Assault injury attendances to Cumbria EDs by location of last drink consumed in the three hours prior to the incident, 2010/11 - 2012/13<sup>U</sup>**

Location last drink consumed	All attendances		Cumbria residents	
	n	%	n	%
Unknown	28	41.2%	28	43.1%
Pub/Bar	26	38.2%	24	36.9%
Nightclub/Disco	6	8.8%	6	9.2%
Home	***	4.4%	***	4.6%
Other	***	5.9%	***	4.6%
Other person's home	***	1.5%	***	1.5%
Total	68	100.0%	65	100.0%

### *Attacker/s*

Information relating to the attacker/s is presented in Table 20. In 57.0% of all the assault attendances, patients reported to have been attacked by one attacker, similarly, in 55.1% of the attendances where the patient was resident in Cumbria, one attacker was reported. Almost one-fifth (19.4%) of attendances and one-fifth (20%) of Cumbria residents reported two attackers, with 15.1% of attendances and 15.7% of Cumbria residents reporting more than two attackers.

Just less than three-quarters (all attendances=73.4%; Cumbria residents=73.3%) reported their attacker/s to be male. For most attendances the relationship to the attacker/s was reported as unknown (all attendances=58.9%; Cumbria residents=60.5%) and almost one in five attackers were strangers to the patient (all attendances=18.9%; Cumbria residents=18.6%).

<sup>U</sup> All numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality.

**Table 20: Assault injury attendances to Cumbria EDs by number and gender of, and relationship to, attacker/s, 2010/11 - 2012/13<sup>V</sup>**

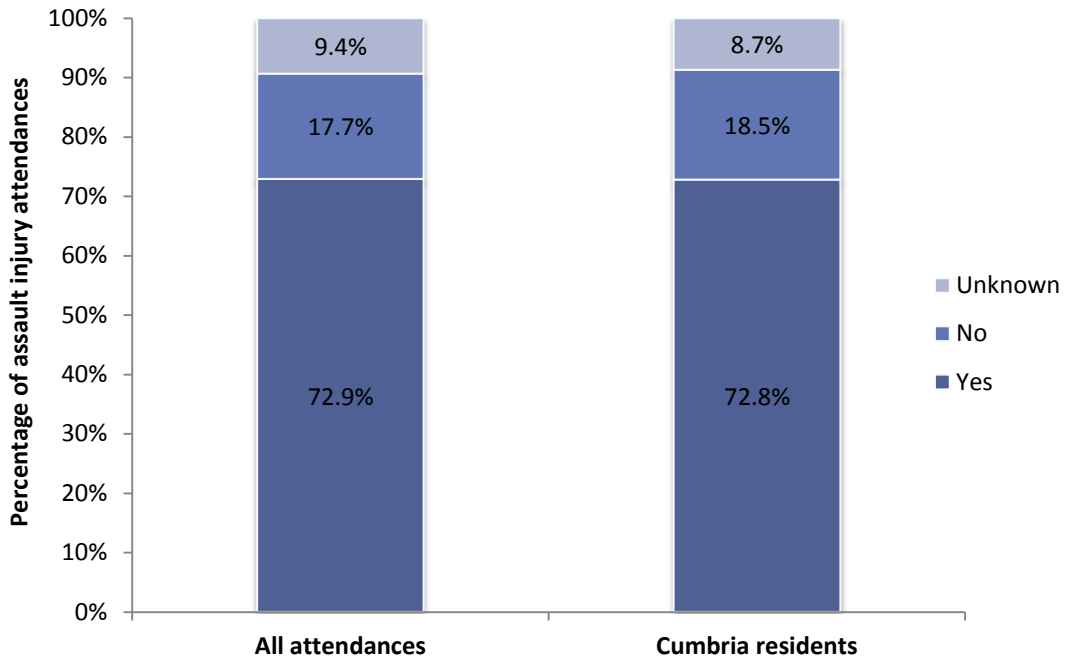
Number of attackers	All attendances		Cumbria residents	
	n	%	n	%
One attacker	53	57.0%	49	55.1%
Two attackers	18	19.4%	18	20.2%
More than two attackers	14	15.1%	14	15.7%
Unknown	<10	7.5%	<10	7.9%
Not Known	***	1.1%	***	1.1%
<b>Total</b>	<b>93</b>	<b>100.0%</b>	<b>89</b>	<b>100.0%</b>
<b>Gender of attacker/s</b>				
Male	69	73.4%	66	73.3%
Female	9	9.6%	9	10.0%
Not Known	9	9.6%	9	10.0%
Both	<10	6.4%	<10	5.6%
Unable to answer	***	1.1%	***	1.1%
<b>Grand Total</b>	<b>94</b>	<b>100.0%</b>	<b>90</b>	<b>100.0%</b>
<b>Relationship to attacker/s</b>				
Unknown	53	58.9%	52	60.5%
Stranger	17	18.9%	16	18.6%
Other	6	6.7%	6	7.0%
Partner	5	5.6%	***	4.7%
Family member	***	4.4%	***	4.7%
Work mate/colleague	***	3.3%	***	2.3%
Bouncer/door staff	***	1.1%	***	1.2%
Friend	***	1.1%	***	1.2%
<b>Total</b>	<b>90</b>	<b>100.0%</b>	<b>86</b>	<b>100.0%</b>

**Reported to the police**

Over seven in ten assault attendees reported that the police had been informed of the incident (all attendances=72.9%; Cumbria residents=72.8%) (Figure 10).

<sup>V</sup> 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.

Figure 10: Assault injury attendances to Cumbria EDs by whether the incident has been or will be reported to the police, 2010/11 - 2012/13



All attendances=96; Cumbria residents=92.

### 3.5 DELIBERATE SELF-HARM

#### NUMBER OF ATTENDANCES

There were 5,359 attendances to Cumbria EDs owing to deliberate self-harm (DSH) between 2010/11 and 2012/13 (Table 21). In 2012/13 there were 1,934 DSH-related attendances, a 22.3% increase in comparison to 2010/11. Ninety-four per cent of the attendees were resident in Cumbria, with 5,040 attendances in 2012/13, representing a 23.2% increase from 2010/11.

Over a third (36.5%) of attendees were Carlisle residents, followed by 21.7% from Copeland and 21.6% from Allerdale (Table 21).

**Table 21: Deliberate self-harm injury attendances to Cumbria EDs by year of attendance and Local Authority of residence, 2010/11 - 2012/13**

	2010/11	2011/12	2012/13	Total	%
<b>All attendances</b>	1581	1844	1934	5359	-
<b>Cumbria residents</b>	1482	1732	1826	5040	94.0%
<b>Local Authority of residence</b>					
<i>Allerdale</i>	344	368	376	1088	21.6%
<i>Barrow-in-Furness</i>	229	180	204	613	12.2%
<i>Carlisle</i>	488	619	731	1838	36.5%
<i>Copeland</i>	302	428	366	1096	21.7%
<i>Eden</i>	83	105	103	291	5.8%
<i>South Lakeland</i>	36	32	46	114	2.3%

Cumberland Infirmary ED saw the highest number of injuries caused by DSH (n=2,563; 47.8%), followed by 37.0% attendances to West Cumberland Hospital (n=1,984) and 15.2% to Furness General Hospital (n=812) (Table 22). Of the DSH attendances to Furness General Hospital, 94.2% were Cumbria residents with the majority (79.7%) resident in Barrow-in-Furness, followed by 13.6% in South Lakeland. Cumberland Infirmary had 91.8% of its DSH presentations from those living in Cumbria. Almost four in five (77.6%) were from Carlisle, with 12.3% from Eden and 9.1% from Allerdale. Almost all (96.9%) of attendees to West Cumberland Hospital were from Cumbria. More than half (53.9%) were residing in Copeland and 45.5% in Allerdale.

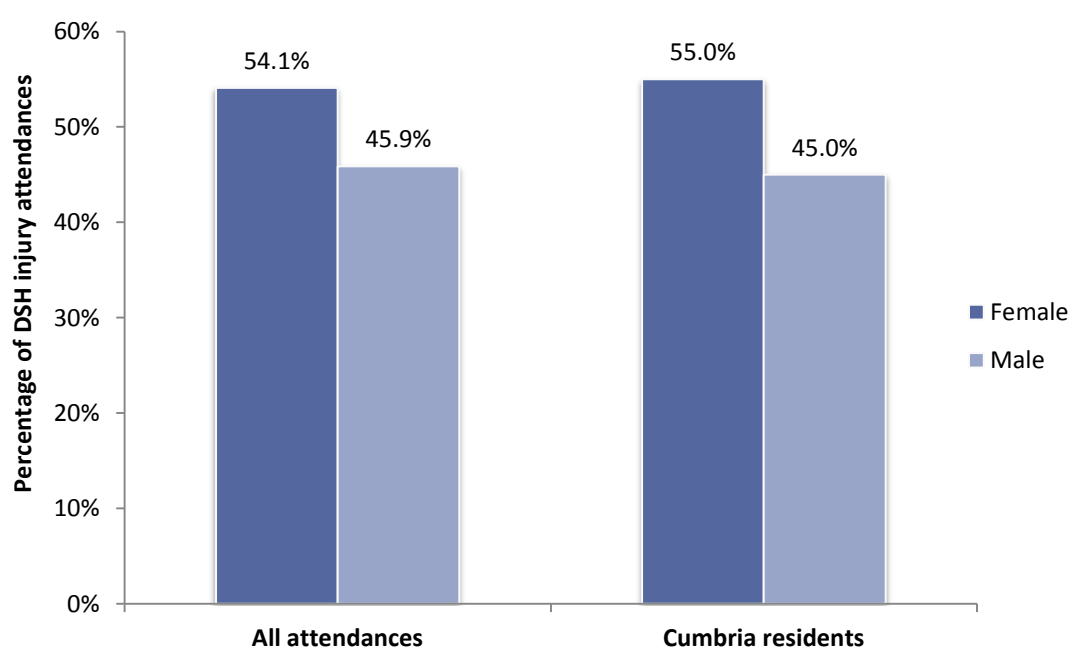
Table 22: Deliberate self-harm injury attendances by ED and Local Authority of residence, 2010/11 - 2012/13<sup>W</sup>

	UHMBNT		NCUHNT			
	Furness General Hospital		Cumberland Infirmary		West Cumberland Hospital	
All attendances	812		2563		1984	
	n	%	n	%	n	%
Cumbria residents only	765	94.2%	2353	91.8%	1922	96.9%
Local Authority of residence						
<i>Allerdale</i>	0	-	213	9.1%	875	45.5%
<i>Barrow-in-Furness</i>	610	79.7%	***	0.1%	***	0.1%
<i>Carlisle</i>	***	0.5%	1826	77.6%	8	0.4%
<i>Copeland</i>	<50	6.1%	14	0.6%	1035	53.9%
<i>Eden</i>	0	-	289	12.3%	***	0.1%
<i>South Lakeland</i>	104	13.6%	<10	0.4%	***	0.1%

### PATIENT DEMOGRAPHY

Figure 11 illustrates the gender of DSH attendees between 2010/11 and 2012/13. More than half of attendees were female (all attendees=54.1%; Cumbria residents=55.0%).

Figure 11: Deliberate self-harm injury attendances to Cumbria EDs by gender, 2010/11 - 2012/13

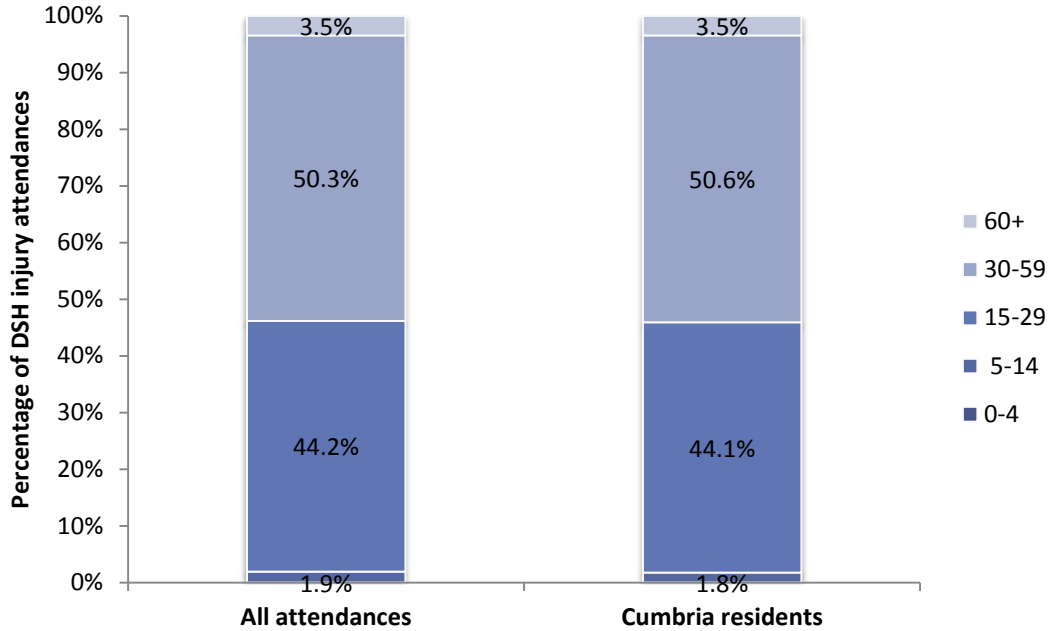


All attendances=5,359; Cumbria residents=5,040.

<sup>W</sup> 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.

For all DSH attendances, half (50.3%) were aged between 30 and 59 years, followed by 44.2% aged between 15 and 29 years. Correspondingly, just over half (50.6%) of Cumbria residents were aged between 30 and 59 years and 44.1% aged between 15 and 29 years (Figure 12).

**Figure 12: Deliberate self-harm injury attendances to Cumbria EDs by age group, 2010/11 -2012/13<sup>x</sup>**



All attendances=5,359; Cumbria residents=5,040.

As reported earlier, there were more females than males presenting with injuries due to DSH. Table 23 illustrates the age of attendees in more detail, using five year age groups, allowing differences to be identified across the age groups. For patients aged between 35-39 years, 50-59 years, and 65-69 years, there more were males. Patients presenting with DSH-related injuries were generally females aged between 15 and 24 years (all attendances=974; Cumbria residents=917).

<sup>x</sup> Due to low numbers, 0-4 year olds have been omitted from this chart. There were no Cumbria residents aged 0-4 years.



**Table 23: Deliberate self-harm injury attendances to Cumbria EDs by five year age groups and gender, 2010/11 - 2012/13<sup>Y</sup>**

Age group	All attendances						Cumbria residents					
	Female		Male		Total		Female		Male		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
0-4	***	0.0%	***	100.0%	***	0.0%	0	-	0	-	0	0.0%
5-9	0	-	0	-	0	0.0%	0	-	0	-	0	0.0%
10-14	87	85.3%	15	14.7%	102	1.9%	75	84.3%	14	15.7%	89	1.8%
15-19	488	67.8%	232	32.2%	720	13.4%	458	67.8%	218	32.2%	676	13.4%
20-24	486	51.2%	463	48.8%	949	17.7%	459	51.4%	434	48.6%	893	17.7%
25-29	364	51.9%	338	48.1%	702	13.1%	353	53.9%	302	46.1%	655	13.0%
30-34	310	51.6%	291	48.4%	601	11.2%	299	53.1%	264	46.9%	563	11.2%
35-39	228	45.5%	273	54.5%	501	9.3%	222	47.5%	245	52.5%	467	9.3%
40-44	358	56.1%	280	43.9%	638	11.9%	347	57.9%	252	42.1%	599	11.9%
45-49	241	53.0%	214	47.0%	455	8.5%	233	53.9%	199	46.1%	432	8.6%
50-54	148	47.4%	164	52.6%	312	5.8%	145	47.5%	160	52.5%	305	6.1%
55-59	94	49.2%	97	50.8%	191	3.6%	92	49.7%	93	50.3%	185	3.7%
60-64	52	51.0%	50	49.0%	102	1.9%	48	50.0%	48	50.0%	96	1.9%
65-69	11	42.3%	15	57.7%	26	0.5%	9	39.1%	14	60.9%	23	0.5%
70-74	18	60.0%	12	40.0%	30	0.6%	18	62.1%	11	37.9%	29	0.6%
75+	<20	51.7%	<15	48.3%	29	0.5%	14	50.0%	14	50.0%	28	0.6%
<b>Total</b>	2900	54.1%	2459	45.9%	5359	100.0%	2772	55.0%	2268	45.0%	5040	100.0%

## ATTENDANCE INFORMATION

### *Incident location*

Table 24 shows the location of the incident. The majority of DSH injuries were sustained in the home, with just less than three-quarters (73.6%) of all attendances and more than three-quarters (75.8%) of Cumbria residents reporting this as the incident location.

**Table 24: Deliberate self-harm injury attendances to Cumbria EDs by incident location, 2010/11 - 2012/13**

Incident location	All attendances		Cumbria residents	
	n	%	n	%
Home	3943	73.6%	3822	75.8%
Other	1201	22.4%	1039	20.6%
Public place	184	3.4%	151	3.0%
Educational establishment	31	0.6%	28	0.6%
<b>Total</b>	5359	100.0%	5040	100.0%

<sup>Y</sup> All numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality.

**Disposal method**

Just under half of attendees presenting with injuries owing to DSH were admitted to hospital (all attendances=45.8%; Cumbria residents=46.2%) (Table 25). One-fifth of attendees were discharged with no follow-up treatment required (all attendances=20.0%; Cumbria residents=19.5%), followed by 13.3% referred to other health care professional for both all attendances and Cumbria residents.

**Table 25: Deliberate self-harm injury attendances to Cumbria EDs by disposal method, 2010/11 - 2012/13<sup>2</sup>**

Disposal method	All attendances		Cumbria residents	
	n	%	n	%
Admitted to hospital	1688	45.8%	1606	46.2%
Discharged - did not require any follow-up treatment	738	20.0%	679	19.5%
Referred to other health care professional	489	13.3%	463	13.3%
Left department before being treated	271	7.4%	262	7.5%
Discharged - follow-up treatment to be provided by GP	235	6.4%	220	6.3%
Left department having refused treatment	84	2.3%	75	2.2%
Transferred to other health care provider	76	2.1%	76	2.2%
Other	60	1.6%	51	1.5%
Referred to A&E clinic	24	0.7%	23	0.7%
Referred to other outpatient clinic	19	0.5%	16	0.5%
Died in department	***	0.1%	***	0.1%
Follow-up within ED	***	0.0%	***	0.0%
<b>Total</b>	<b>3687</b>	<b>100.0%</b>	<b>3474</b>	<b>100.0%</b>

<sup>2</sup> There were a total of 1,672 attendances where the disposal method was not recorded; 1,566 were Cumbria residents. These have been omitted from the table. All numbers less than five have been suppressed (with \*\*\*) in line with patient confidentiality.

### 3.6 ROAD TRAFFIC COLLISION

#### NUMBER OF ATTENDANCES

Between 2010/11 and 2012/13 there were 7,489 injury attendances in Cumbria due to a road traffic collision (RTC) (Table 26). RTC-related attendances in 2012/13 decreased by 12.8% compared to 2010/11.

Overall, 87.8% of the RTC attendees were Cumbria residents. Of which, a quarter (24.8%) were from Carlisle followed by 22.8% from Copeland. Residents from Barrow-in-Furness and Allerdale and each accounted for just over one-fifth of attendees from Cumbria (21.1% and 20.5% respectively).

**Table 26: Road traffic collision injury attendances to Cumbria EDs by year of attendance and local authority of residence, 2010/11 - 2012/13**

	2010/11	2011/12	2012/13	Total	%
<b>All attendances</b>	2648	2531	2310	7489	-
<b>Cumbria residents</b>	2359	2200	2019	6578	87.8%
<b>Local authority of residence</b>					
<i>Allerdale</i>	474	471	406	1351	20.5%
<i>Barrow-in-Furness</i>	555	431	403	1389	21.1%
<i>Carlisle</i>	529	584	519	1632	24.8%
<i>Copeland</i>	526	481	494	1501	22.8%
<i>Eden</i>	98	105	91	294	4.5%
<i>South Lakeland</i>	177	128	106	411	6.2%

More than two in five (40.6%) of RTC attendances were to Cumberland Infirmary (n=3,039), followed by a third (32.7%) of presentations to West Cumberland Hospital (n=2,446) and 26.8% to Furness General Hospital (n=2,004) (Table 27). More than nine in ten (92.6%) of the attendances to Furness General Hospital were made by patients living in Cumbria. Of these, just less than three quarters (74.3%) were from Barrow-in-Furness and more than one-fifth (21.3%) from South Lakeland. Of the 2,403 RTC attendances to Cumberland Infirmary, 79.1% were Cumbria residents, with 67.2% from Carlisle, 18.6% from Allerdale and 12.1% from Eden. The majority (94.8%) of RTC attendances to West Cumberland Hospital were Cumbria residents. Just under three in five (59.8%) were from Copeland with less than two-fifths (38.8%) from Allerdale.

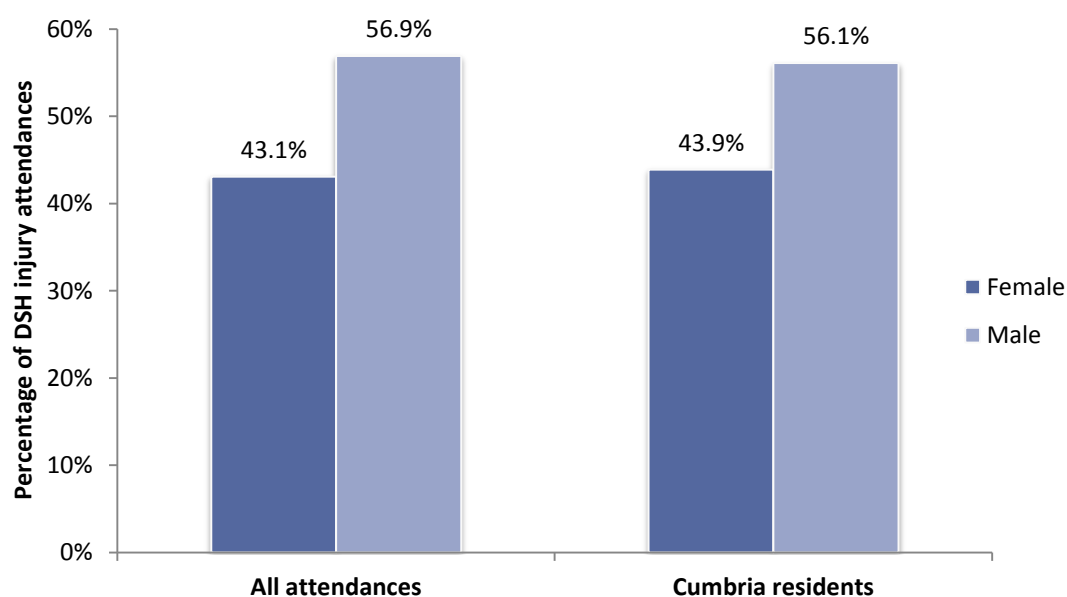
Table 27: Road traffic collision injury attendances by ED and local authority of residence, 2010/11 - 2012/13<sup>AA</sup>

	UHMBNT		NCUHNT			
	Furness General Hospital		Cumberland Infirmary		West Cumberland Hospital	
All attendances	2004		3039		2446	
	n	%	n	%	n	%
Cumbria residents only	1855	92.6%	2403	79.1%	2320	94.8%
Local authority of residence						
<i>Allerdale</i>	***	0.2%	448	18.6%	900	38.8%
<i>Barrow-in-Furness</i>	1379	74.3%	***	0.1%	7	0.3%
<i>Carlisle</i>	0	-	1615	67.2%	17	0.7%
<i>Copeland</i>	<80	4.2%	36	1.5%	1388	59.8%
<i>Eden</i>	0	-	290	12.1%	***	0.2%
<i>South Lakeland</i>	396	21.3%	<15	0.5%	***	0.2%

### PATIENT DEMOGRAPHY

There were more males than females presenting with injuries caused by a RTC (all attendances=56.9%; Cumbria residents=56.1%) (Figure 13).

Figure 13: Road traffic collision injury attendances to Cumbria EDs by gender, 2010/11 - 2012/13

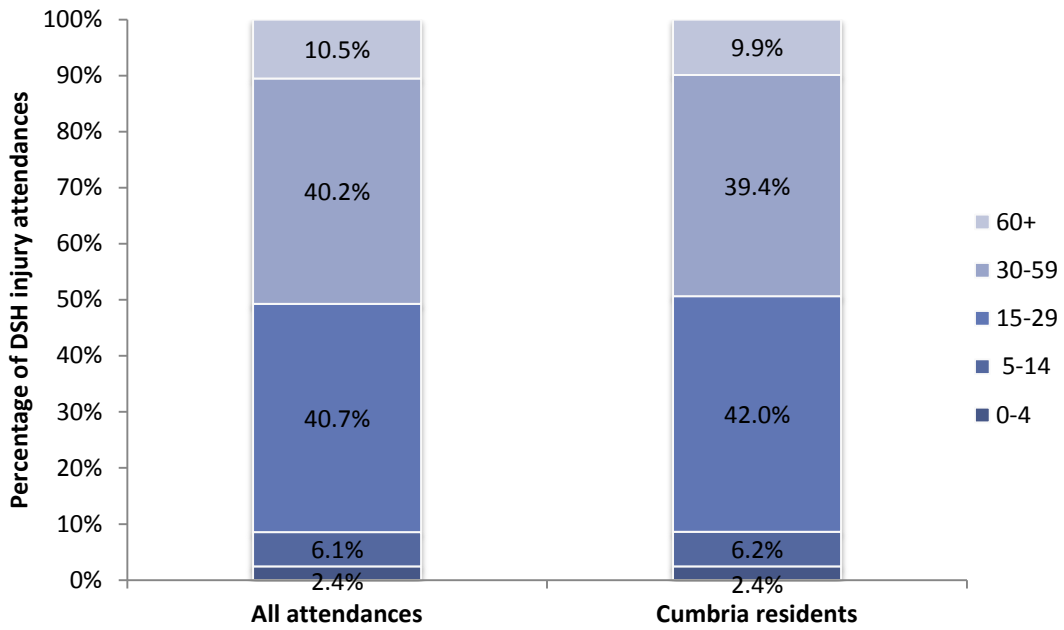


All attendances=7,489; Cumbria residents=6,578.

For all attendances, the primary age groups of RTC patients were 15-29 years and 30-59 years (40.7% and 40.2% respectively) (Figure 14). More than two in five (42.0%) Cumbria residents were aged between 15 and 29 years, followed 39.4% aged between 30 and 59 years.

<sup>AA</sup> 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.

Figure 14: Road traffic collision injury attendances to Cumbria EDs by age group, 2010/11 - 2012/13



All attendances=7,489; Cumbria residents=6,578.

Table 28 shows the age of RTC attendees in more detail using five year age groups. As identified, overall there were more males than females however, the proportions vary within some of the age groups. The proportion of males aged 20-24 years and 30-54 years was much higher in comparison to the average number of males (all attendances=56.9%). There were more females than males for attendees aged 0-4 years and 75 years plus. Overall, RTC-related injury attendees were generally males aged between 20 and 24 years (all attendances=671; Cumbria residents=600).

**Table 28: Road traffic collision injury attendances to Cumbria EDs by five year age groups and gender, 2010/11 - 2012/13**

Age group	All attendances						Cumbria residents					
	Female		Male		Total		Female		Male		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
<b>0-4</b>	97	53.3%	85	46.7%	182	2.4%	85	53.1%	75	46.9%	160	2.4%
<b>5-9</b>	90	48.1%	97	51.9%	187	2.5%	79	46.7%	90	53.3%	169	2.6%
<b>10-14</b>	125	46.5%	144	53.5%	269	3.6%	110	46.4%	127	53.6%	237	3.6%
<b>15-19</b>	496	45.2%	602	54.8%	1098	14.7%	458	45.3%	553	54.7%	1011	15.4%
<b>20-24</b>	484	41.9%	671	58.1%	1155	15.4%	445	42.6%	600	57.4%	1045	15.9%
<b>25-29</b>	351	44.0%	447	56.0%	798	10.7%	320	45.1%	389	54.9%	709	10.8%
<b>30-34</b>	263	42.6%	355	57.4%	618	8.3%	237	42.5%	321	57.5%	558	8.5%
<b>35-39</b>	208	39.8%	315	60.2%	523	7.0%	198	42.2%	271	57.8%	469	7.1%
<b>40-44</b>	225	39.1%	351	60.9%	576	7.7%	193	40.6%	282	59.4%	475	7.2%
<b>45-49</b>	230	41.1%	329	58.9%	559	7.5%	211	43.1%	279	56.9%	490	7.4%
<b>50-54</b>	159	36.6%	275	63.4%	434	5.8%	135	38.0%	220	62.0%	355	5.4%
<b>55-59</b>	136	45.2%	165	54.8%	301	4.0%	116	46.8%	132	53.2%	248	3.8%
<b>60-64</b>	99	41.1%	142	58.9%	241	3.2%	80	41.2%	114	58.8%	194	2.9%
<b>65-69</b>	83	45.9%	98	54.1%	181	2.4%	66	46.8%	75	53.2%	141	2.1%
<b>70-74</b>	48	45.7%	57	54.3%	105	1.4%	40	46.5%	46	53.5%	86	1.3%
<b>75+</b>	132	50.4%	130	49.6%	262	3.5%	114	49.4%	117	50.6%	231	3.5%
<b>Total</b>	3226	43.1%	4263	56.9%	7489	100.0%	2887	43.9%	3691	56.1%	6578	100.0%

## ATTENDANCE INFORMATION

### *Incident location*

As illustrated in Table 29, nearly two-thirds of RTC-related injuries were recorded as occurring in 'other' location (all attendances=65.8%; Cumbria residents=65.4%). The incident location was recorded as public place in more than three in ten of attendances (all attendances=31.2%; Cumbria residents=31.4%).

**Table 29: Road traffic collision injury attendances to Cumbria EDs by incident location, 2010/11 - 2012/13<sup>BB</sup>**

Incident location	All attendances		Cumbria residents	
	n	%	n	%
Other	4926	65.8%	4301	65.4%
Public place	2333	31.2%	2064	31.4%
Home	215	2.9%	200	3.0%
Work	<15	0.1%	<10	0.1%
Educational establishment	***	0.1%	***	0.1%
<b>Total</b>	<b>7489</b>	<b>100.0%</b>	<b>6578</b>	<b>100.0%</b>

### *Disposal method*

Table 30 shows that the primary disposal method was discharged with no follow-up treatment required (all attendances=67.4%; Cumbria residents=67.8%). For all attendances to Cumbria EDs, 13.6% were discharged requiring follow-up treatment to be provided by a GP, followed by 8.5% admitted to hospital. Correspondingly, for Cumbria residents, 13.8% were discharged into the care of a GP and 7.7% were admitted.

**Table 30: Road traffic collision injury attendances to Cumbria EDs by disposal method, 2010/11 - 2012/13<sup>CC</sup>**

Disposal method	All attendances		Cumbria residents	
	n	%	n	%
Discharged - did not require any follow-up treatment	3486	67.4%	3097	67.8%
Discharged - follow-up treatment to be provided by GP	701	13.6%	631	13.8%
Admitted to hospital	440	8.5%	350	7.7%
Referred to other outpatient clinic	156	3.0%	140	3.1%
Left department before being treated	115	2.2%	103	2.3%
Referred to A&E clinic	88	1.7%	84	1.8%
Referred to fracture clinic	76	1.5%	75	1.6%
Referred to other health care professional	33	0.6%	19	0.4%
Transferred to other health care provider	26	0.5%	21	0.5%
Other	18	0.3%	16	0.4%
Left department having refused treatment	15	0.3%	13	0.3%
Died in department	9	0.2%	9	0.2%
Follow-up within ED	9	0.2%	8	0.2%
<b>Total</b>	<b>5172</b>	<b>100.0%</b>	<b>4566</b>	<b>100.0%</b>

<sup>BB</sup> There was one attendance where the incident location was not recorded; this patient is a Cumbria resident and has been included in the totals. 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> There were a total of 2,317 attendances where the disposal method was not recorded; 2,012 were Cumbria residents. These have been omitted from the table.

## 3.7 SPORT

### NUMBER OF ATTENDANCES

There were 12,546 sport-related injury attendances to Cumbria EDs between 2010/11 and 2012/13 (Table 31). The number of presentations in 2012/13 has decreased by 14.1% since 2010/11. There were a total of 11,840 Cumbria residents presenting with injuries caused by sport (94.4%). There were more patients attending the ED who were from Copeland or Carlisle (24.4% and 24.1% respectively). More than one in five (22.4%) were from Barrow-in-Furness and exactly one-fifth (20.0%) were from Allerdale.

**Table 31: Sport injury attendances to Cumbria EDs by year of attendance and local authority of residence, 2010/11 - 2012/13**

	2010/11	2011/12	2012/13	Total	%
<b>All attendances</b>	4502	4176	3868	12546	-
<b>Cumbria residents</b>	4234	3956	3650	11840	94.4%
<b>Local authority of residence</b>					
<i>Allerdale</i>	863	755	747	2365	20.0%
<i>Barrow-in-Furness</i>	925	949	780	2654	22.4%
<i>Carlisle</i>	1057	881	910	2848	24.1%
<i>Copeland</i>	1008	995	889	2892	24.4%
<i>Eden</i>	157	142	122	421	3.6%
<i>South Lakeland</i>	224	234	202	660	5.6%

Of all sports injuries, the highest proportion (35.5%) presented at West Cumberland Hospital (n=4,460) followed by 34.4% to Cumberland Infirmary (n=4,310) and 30.1% to Furness General Hospital (n=3,776) (Table 32). At Furness General Hospital, 94.8% of the sport injury attendees were from Cumbria. Specifically, just under three-quarters (73.8%) of the Cumbria residents were from Barrow-in-Furness and 17.8% were from South Lakeland. Just over nine in ten (91.4%) attendees to Cumberland Infirmary were Cumbria residents. Less than three-quarters (71.9%) were from Carlisle, 16.5% from Allerdale and 10.4% from Eden. At West Cumberland Hospital, 97.0% of attendees were Cumbria residents, with three-fifths (59.6%) from Copeland and two-fifths (39.5%) from Allerdale.



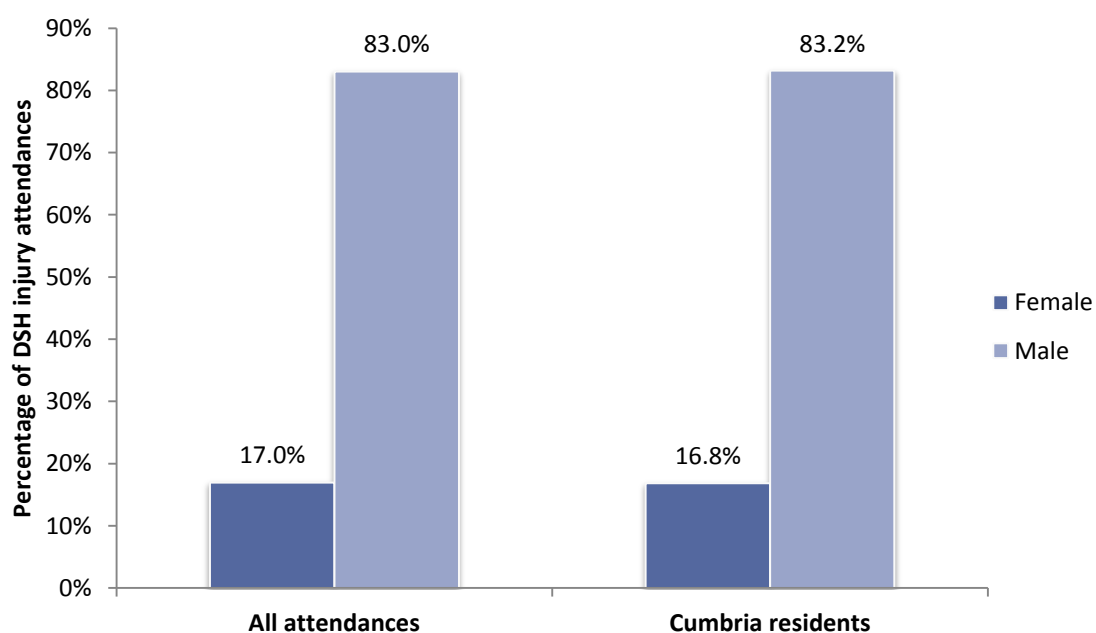
Table 32: Sport injury attendances by ED and local authority of residence, 2010/11 - 2012/13<sup>DD</sup>

	UHMBNT		NCUHNT			
	Furness General Hospital		Cumberland Infirmary		West Cumberland Hospital	
All attendances	3776		4310		4460	
	n	%	n	%	n	%
Cumbria residents only	3578	94.8%	3938	91.4%	4324	97.0%
Local authority of residence						
<i>Allerdale</i>	8	0.2%	649	16.5%	1708	39.5%
<i>Barrow-in-Furness</i>	2640	73.8%	***	0.1%	11	0.3%
<i>Carlisle</i>	***	0.1%	2830	71.9%	15	0.3%
<i>Copeland</i>	286	8.0%	30	0.8%	2576	59.6%
<i>Eden</i>	***	0.1%	409	10.4%	8	0.2%
<i>South Lakeland</i>	637	17.8%	<20	0.4%	6	0.1%

### PATIENT DEMOGRAPHY

Figure 15 shows that there were substantially more males than females attending Cumbria’s EDs with sport-related injuries (all attendances=83.0%; Cumbria residents=83.2%).

Figure 15: Sport injury attendances to Cumbria EDs by gender, 2010/11 - 2012/13



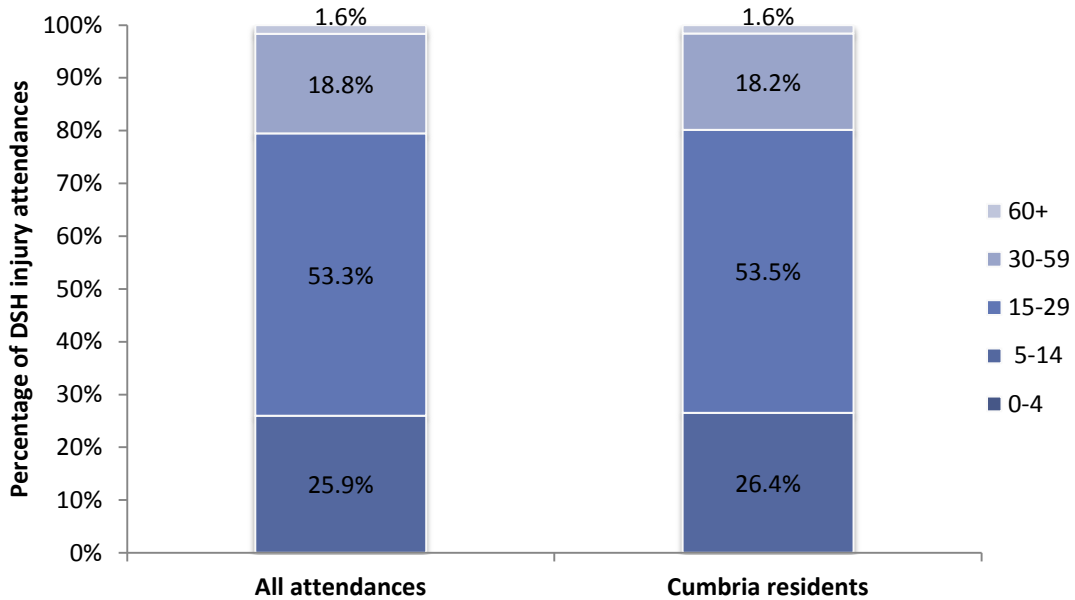
All attendances=12,546; Cumbria residents=11,840.

Those aged between 15 and 29 years accounted for more than half of patients presenting with injuries owing to sport (all attendances=53.3%; Cumbria residents=53.5%) (Figure 16). Over a quarter were aged between five and 14 years (all attendances=25.9%; Cumbria residents=26.4%)

<sup>DD</sup> 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.

and less than one-fifth were aged between 30 and 59 years (all attendances=18.8%; Cumbria residents=18.2%).

Figure 16: Sport injury attendances to Cumbria EDs by age group, 2010/11 - 2012/13<sup>EE</sup>



All attendances=12,546; Cumbria residents=11,840.

Looking at the profile of sport-related attendees in more detail, there were males than females across all five year age groups except for those aged 75 years plus (Table 33). The proportion of males aged between 20 and 34 years were substantially high (91.0%). Overall, sport-related injury attendees were generally 15-19 year old males (all attendances=2,565; Cumbria residents=2,433).

<sup>EE</sup> Due to low numbers, 0-4 year olds have been omitted from this chart. All attendances and Cumbria residents = 0.3% each.

**Table 33: Sport injury attendances to Cumbria EDs by five year age groups and gender, 2010/11 - 2012/13**

Age group	All attendances						Cumbria residents					
	Female		Male		Total		Female		Male		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
0-4	12	31.6%	26	68.4%	38	0.3%	12	33.3%	24	66.7%	36	0.3%
5-9	102	24.3%	317	75.7%	419	3.3%	97	23.8%	310	76.2%	407	3.4%
10-14	786	27.8%	2044	72.2%	2830	22.6%	756	27.8%	1968	72.2%	2724	23.0%
15-19	412	13.8%	2565	86.2%	2977	23.7%	375	13.4%	2433	86.6%	2808	23.7%
20-24	182	8.5%	1966	91.5%	2148	17.1%	172	8.4%	1866	91.6%	2038	17.2%
25-29	139	8.9%	1427	91.1%	1566	12.5%	127	8.6%	1356	91.4%	1483	12.5%
30-34	82	9.7%	761	90.3%	843	6.7%	78	9.9%	710	90.1%	788	6.7%
35-39	82	15.5%	446	84.5%	528	4.2%	72	15.0%	408	85.0%	480	4.1%
40-44	100	23.3%	329	76.7%	429	3.4%	88	22.4%	304	77.6%	392	3.3%
45-49	66	21.2%	245	78.8%	311	2.5%	58	21.2%	215	78.8%	273	2.3%
50-54	34	21.7%	123	78.3%	157	1.3%	34	24.8%	103	75.2%	137	1.2%
55-59	34	36.2%	60	63.8%	94	0.7%	32	37.2%	54	62.8%	86	0.7%
60-64	18	30.5%	41	69.5%	59	0.5%	16	32.0%	34	68.0%	50	0.4%
65-69	18	42.9%	24	57.1%	42	0.3%	17	45.9%	20	54.1%	37	0.3%
70-74	16	50.0%	16	50.0%	32	0.3%	15	51.7%	14	48.3%	29	0.2%
75+	46	63.0%	27	37.0%	73	0.6%	45	62.5%	27	37.5%	72	0.6%
<b>Total</b>	<b>2129</b>	<b>17.0%</b>	<b>10417</b>	<b>83.0%</b>	<b>12546</b>	<b>100.0%</b>	<b>1994</b>	<b>16.8%</b>	<b>9846</b>	<b>83.2%</b>	<b>11840</b>	<b>100.0%</b>

## ATTENDANCE INFORMATION

### *Incident location*

Table 34 illustrates the incident location. Nearly two-thirds of sports injuries occurred in ‘other’ location (all attendances=64.5%; Cumbria residents=64.4%). For all attendances, 16.6% occurred in a public place, followed by 13.0% in an educational establishment, with 16.3% of Cumbria residents sustaining injuries in a public place and 13.4% in an educational establishment.

**Table 34: Sport injury attendances to Cumbria EDs by incident location, 2010/11 - 2012/13**

Incident location	All attendances		Cumbria residents	
	n	%	n	%
Other	8093	64.5%	7627	64.4%
Public place	2085	16.6%	1927	16.3%
Educational establishment	1628	13.0%	1585	13.4%
Home	716	5.7%	681	5.8%
Work	24	0.2%	20	0.2%
<b>Total</b>	<b>12546</b>	<b>100.0%</b>	<b>11840</b>	<b>100.0%</b>

**Disposal method**

Nearly three-fifths of sport-related injury attendees were discharged with no follow-up treatment required (all attendances=56.5%; Cumbria residents=56.9%) (Table 35). Thirteen per cent of all attendees, and 12.9% of Cumbria residents, were referred to other outpatient clinic. Just more than one-tenth (10.5% for all attendances and Cumbria residents) were discharged requiring follow-up treatment to be provided by a GP, followed by less than one in ten attendees referred to the fracture clinic (all attendances=8.3%; Cumbria residents=8.4%).

**Table 35: Sport injury attendances to Cumbria EDs by disposal method, 2010/11 - 2012/13<sup>FF</sup>**

Disposal method	All attendances		Cumbria residents	
	n	%	n	%
Discharged - did not require any follow-up treatment	4880	56.5%	4649	56.9%
Referred to other outpatient clinic	1125	13.0%	1056	12.9%
Discharged - follow-up treatment to be provided by GP	907	10.5%	859	10.5%
Referred to fracture clinic	714	8.3%	688	8.4%
Referred to A&E clinic	360	4.2%	348	4.3%
Admitted to hospital	310	3.6%	275	3.4%
Left department before being treated	161	1.9%	151	1.8%
Referred to other health care professional	100	1.2%	70	0.9%
Follow-up within ED	40	0.5%	38	0.5%
Transferred to other health care provider	20	0.2%	15	0.2%
Other	19	0.2%	17	0.2%
Left department having refused treatment	8	0.1%	7	0.1%
<b>Total</b>	<b>8644</b>	<b>100.0%</b>	<b>8173</b>	<b>100.0%</b>

<sup>FF</sup> There were a total of 3,902 attendances where the disposal method was not recorded; 3,667 were Cumbria residents. These have been omitted from the table.

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**AUTHOR: KAREN A CRITCHLEY**

Centre for Public Health  
Faculty of Education, Health and Community  
Liverpool John Moors University  
2<sup>nd</sup> Floor, Henry Cotton Building  
15-21 Webster Street  
Liverpool  
L3 2ET  
T: 0151 231 4498  
E: [K.A.Critchley@ljmu.ac.uk](mailto:K.A.Critchley@ljmu.ac.uk)  
W: [www.tiig.info](http://www.tiig.info) and [www.cph.org.uk](http://www.cph.org.uk)

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