



Home Office

Information Sharing to Tackle Violence (ISTV): Standard Operating Procedure (SOP)

Frequently Asked Questions (FAQs)



Overview

These FAQs provide a foundation to understand the Information Sharing to Tackle Violence (ISTV) Standard Operating Procedure (SOP), by emphasising the importance of information sharing as a proactive strategy to prevent violence in our communities.

1. What is the purpose of the Information Sharing to Tackle Violence, Standard Operating Procedure (SOP) in the Emergency Department?

The ISTV SOP aims to describe the process for recording information about violence and to improve the quality and consistency of data recording and sharing.

2. Why is accurate data collection in EDs important?

Understanding emergency department attendances is an important part of local decision making. Organisations from ambulance services to your local council. Understanding who attends emergency departments, and why they attend, can help decisions makers in these organisations identify where to target their resources. This may help to reduce preventable attendances, but these decisions will only be successful if accurate and complete data is collected.

3. Why is it essential to collect ISTV data at EDs/UECs?

Data recording in EDs and sharing with local partners needs to be completed and consistent across England and Wales.

Collecting and sharing ISTV data with community partners is essential because these data uncover a great deal of violence which is not known to the police and other agencies. Without this information, prevention cannot therefore be targeted as it should be, for example in alcohol licensing, police patrols and CCTV placement. In cities where ISTV data is recorded well, shared, and used, serious violence decreased by 30-40% compared with cities where this information is not shared.

The Police, Crime, Sentencing and Courts Act 2022 requires organisations to gather and share data, including anonymised hospital data as described in the Serious Violence Duty.



4. Can the recording of ISTV data – an additional task - be incorporated into the routine work of reception staff?

We recognise this is an added task to already very time-pressured roles. However, the task should only take an extra minute or two and will contribute to making the area safer and preventing future incidents of violence.

5. How is serious violence defined in this?

Serious violence is defined here as violence severe enough to result in emergency hospital attendance, or attendance and/or treatment.

6. What role does accurate ISTV information sharing play to help prevent future violence?

The ISTV data allows relevant agencies to know where violence occurs, helps with environmental health, helps with CCTV placement, and provides added evidence when licensing authorities process licences. Where ISTV data collection is done well, it has been shown to reduce the number of ED based attendance numbers for violence by 30-40%.

7. Who is responsible for initiating information recording and sharing in the EDs?

NHS Trusts and Health Boards in Wales, are, under the terms of the statutory Serious Violence Duty, responsible for initiating and sustaining ISTV information recording and sharing. In the ED, receptionists, with reference to clinical staff when necessary, should normally record this information. A nominated ED consultant should ensure that this important task is performed well.

ED receptionists, triage nurses, clinicians, and all ED personnel can record ISTV information routinely and electronically by asking people injured in violence key questions.

8. How is confidentiality maintained while sharing ISTV data?

Hospital IT staff anonymise and share these data monthly with authorities responsible for discharging the Serious Violence Duty to collaborate to prevent serious violence.

9. What items of information are shared as part of ISTV?

Information is recorded and shared anonymously on:

- Injury Date and Time
- Attendance date and time
- Place of Injury



Injury Intent
Injury Activity Status
Injury Activity Type
Injury Mechanism
Injury Alcohol or Drug Involvement
Violence Location Description



Home Office

10. What should you do if you suspect a patient is a victim of a violence, but the patient states that it was an accident rather than an assault?

Reception staff training ensures that patients are first asked whether someone else caused their injuries. Patient responses enable receptionists to identify violence as the cause and then to ask further questions to elicit the information listed in answer to question 8.

If a healthcare provider suspects a patient has been assaulted and despite broaching this with the patient in a safe environment for the patient and the patient remains adamant no assault has taken place, then for the purposes of ISTV reporting this should not be considered an assault.

All ED/UEC personnel are encouraged to look for clues, ask questions if something doesn't seem quite right and ensure that concerns are reported.

Healthcare professionals should seek to protect the most vulnerable patients who are at risk of violence. Local and national safeguarding guidelines should be followed. Being professionally curious and looking for clues as to possible abuse or neglect is important. These clues include:

- defence wounds on arms and hands
- unexplained facial injuries
- unusual bruising
- fractures in pre-mobile babies
- relatives refusing to leave patient alone with staff or speaking for them

11. What is a good example of ISTV data effectiveness?

All 29 EDs London have been collecting and sharing Cardiff Model (ISTV) data for some years. These data – only these data, not police data – revealed a cluster of serious violent incidents close to Homerton Hospital. Based on this unique intelligence the Met sent officers to investigate and discovered that this hotspot was a drug house, which was then dealt with. This exemplifies two of the reasons we discovered in our research why people injured in violence don't report to police: because they don't want their own conduct scrutinised and because they fear reprisals. Not surprisingly, people involved in the crack and other illegal drug trade, are at high risk of injury in violence.



Home Office

12. How often is the SOP reviewed and updated to address emerging challenges or changes in best practice?

The SOP will be reviewed in March 2027.

Contact Us

Please send us any questions we haven't answered.

[Contact us at](#)