ISTV in London

What we have learned, current state, where we are going.

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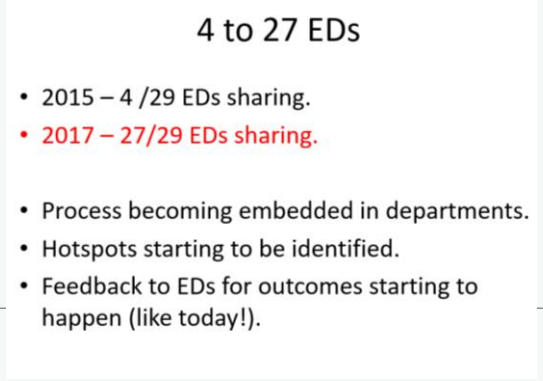
ISTV in London over last 10 years.

What we have learned – since 2014 and ISN 1594.

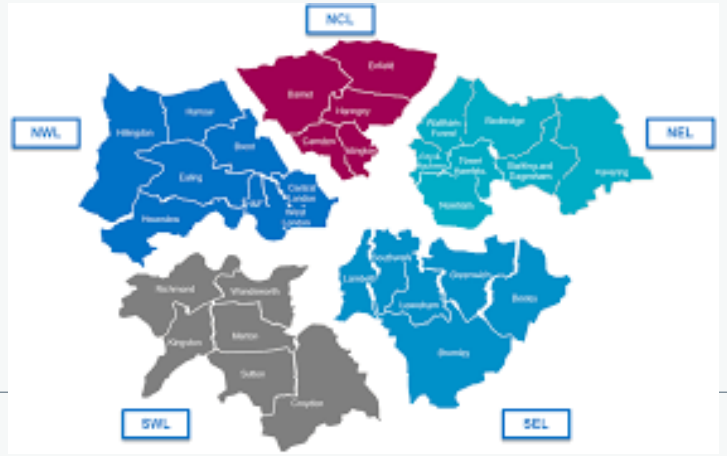
- Violence Reduction Nurses – 2015 – Home Office funded – 4 nurses in London – 1 day per week – for 3 years.
- MOPAC led ISTV – 2015-2017 London ISTV Programme
- ECDS (Emergency Care Data Set)- launched 2017 nationally, but did not include freetext location data field.
- London NHS Violence Reduction Programme – from 2019

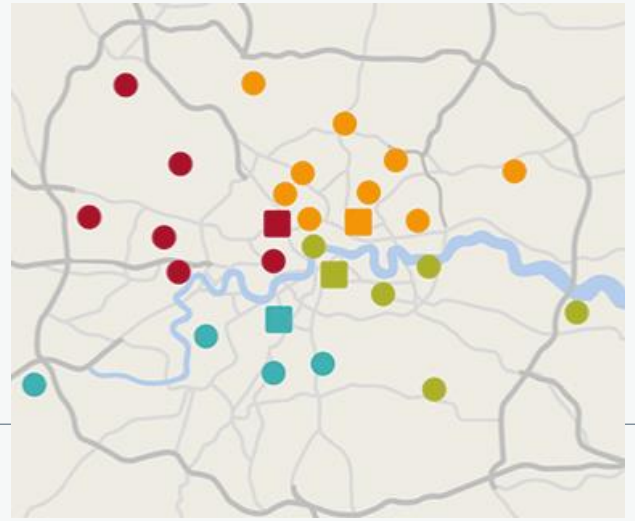


London is complex!

32 London Boroughs, 32 Community Safety Partnerships, 28 EDs, 1 LAS

- Not every borough has an ED.
- Not everyone attends their local ED – plenty of choice and transport links.
- 4 major trauma centres – with other tertiary specialities.
- 1 regional government – with a Violence Reduction Unit and Intelligence function (SafeStats).





ED ISTV Dashboard Development

Is competition healthy? Should we 'performance manage'?

STP	Trust	Hospital	Number of reports submitted, Jan 2021 - Dec 2021					% of Type 1 attendances (source: ECDS)	% reports where info enabled geolocation	Submission timeliness
			Q4	Q1	Q2	Q3	Total			
NCL	North Middlesex University Hospital NHS Trust	North Middlesex University Hospital NHS Trust						0.91	0	< 2 months
	Royal Free London NHS Foundation Trust	Barnet Hospital						0.05	35.3	4-6 months
		Royal Free London						0.00	0	4-6 months
	University College London Hospitals NHS Foundation Trust	University College London Hospital						0.88	13.3	< 2 months
	Whittington Health NHS Trust	Whittington Hospital						0.18	3.6	> 6 months
NEL	Barking, Havering and Redbridge University Hospitals NHS Trust	King George's Hospital						0.51	15.4	< 2 months
		Queen's Hospital						0.62	3	< 2 months
	Barts Health NHS Trust	Newham University Hospital						0.94	24.2	< 2 months
		Royal London Hospital						1.34	32.9	< 2 months
		Whipps Cross University Hospital						0.44	22.5	< 2 months
	Homerton University Hospital NHS Foundation Trust	Homerton University Hospital						1.07	27.8	4-6 months
NWL	Chelsea and Westminster NHS Foundation Trust	Chelsea and Westminster Hospital						1.44	0	< 2 months
		West Middlesex University Hospital						0.72	0	< 2 months
	Imperial College Healthcare NHS Trust	Charing Cross Hospital						0.03	70.6	> 6 months
		St Mary's Hospital						0.08	82.4	> 6 months
	London North West University Healthcare NHS Trust	Ealing Hospital						1.02	7.6	< 2 months
		Northwick Park Hospital						0.39	24.6	< 2 months
	The Hillingdon Hospitals NHS Foundation Trust	Hillingdon Hospital						0.00	0	> 6 months
SEL	Guy's and St Thomas' NHS Foundation Trust	St Thomas' Hospital						0.63	7.1	< 2 months
	King's College Hospital NHS Foundation Trust	King's College Hospital						0.96	26	< 2 months
		Princess Royal University Hospital						0.60	9.2	< 2 months
	Lewisham and Greenwich NHS Trust	Lewisham Hospital						0.12	0	< 2 months
		Queen Elizabeth Hospital						0.13	0	< 2 months
SWL	Croydon Health Services NHS Trust	Croydon University Hospital						0.95	53.5	< 2 months
	Epsom and St Helier University Hospitals NHS Trust	Epsom Hospital						0.08	2.6	< 2 months
		St Helier Hospital						0.28	23.7	< 2 months
	Kingston Hospital NHS Foundation Trust	Kingston Hospital						0.50	0	< 2 months
	St George's University Hospitals NHS Foundation Trust	St George's Hospital						0.33	33.2	< 2 months
		RAG rating key						0 - 0.5%	< 10%	
								0.5 - 1%	10 - 20%	

Advocacy for inclusion into ECDS V4

Something needed to change – can get to ‘critical mass’?

- London NHS VR team have advocated for inclusion into ECDS – to support sites to have the tools for the job.
- Serendipity?
- Barts Health have piloted in ECDS V3 collection and submission of data including freetext location field – learning to come from Michael.
- Allows for central collating, review and sharing of data.
- 100% not needed, 70% ‘target’, 30-40% may be operationally useful.

Promoting local champions, sponsors, feedback

Having momentum behind the data collection.

- Quarterly meetings for our ED Sponsors – Clinical, Managers, Analysts.
- ED training presentations / posters.
- Encouraging QI approach.
- Sharing barriers / challenges / successes.
- Sharing feedback from CSPs / VRU.
- No specific departmental funding for this work.

Promoting local champions, sponsors, feedback

Mayor's Office for Policing and Crime (MOPAC): Information Sharing to Tackle Violence programme - Hospital feedback report

The Royal London Hospital Emergency Department

January 2022

Introduction

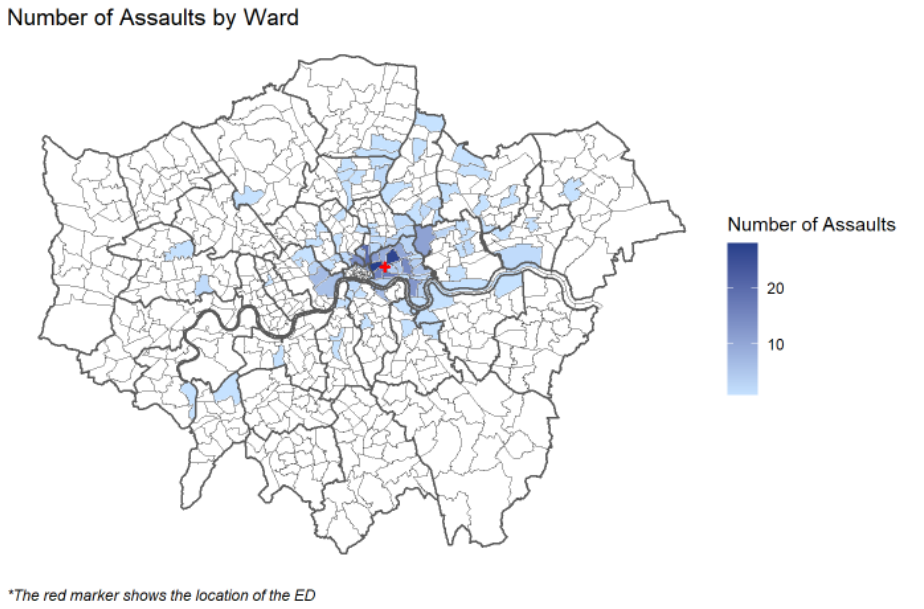
To reduce the prevalence of violence and risk of harm within London, the Community Safety Partnerships (CSPs) routinely use data on recorded crime to inform their intervention tactics and strategies. However, this, obviously, only comprises of offences that have *actually* been reported to the police.

For an array of different reasons, such as the victim being in a relationship with the assailant or the victim being involved in criminality, many incidents of serious assault are not reported to the police. In order to provide an insight into the incidents that do not get reported to the police, data needs to be sought from alternative sources. As part of the Information Sharing to Tackle Violence (ISTV) programme, all Type 1 Emergency Departments across England are involved in the collecting and sharing of anonymised data about incidents of violence. The data is collected by ED staff for all violence-related attendances and is comprised of the following four fields of information:

- the date and time of the ED attendance,
- the date and time of the incident,
- the specific location of the incident, and
- the primary means of assault (method of injury).

The data is collated and then shared with the relevant CSP; providing them with a more comprehensive picture of violence that they can then use to help inform their violence-related initiatives.

The following map represents the location of the assaults committed within the boundaries of Greater London, as disclosed by victims attending the ED, at ward-level. As mentioned earlier, the location of the assault is never recorded for incidents committed at a private address, hence the map relates solely to incidents committed in a public space/place.



**The red marker shows the location of the ED*

As depicted in the above map, Spitalfields & Banglatown in the London Borough of Tower Hamlets has recorded the highest number of assaults (28 attendances).

Who and where to collect?

An ongoing debate, no single right answer!

- {Self-registration for patient to self-record}
- Receptionist to collect as patient arrives?
- Streaming or triage nurse / clinician to collect?
- Definitive consultation practitioner to ask as part of main history?
- Remind to check on discharge?
- Augment the data after they have left – eg from ambulance records?

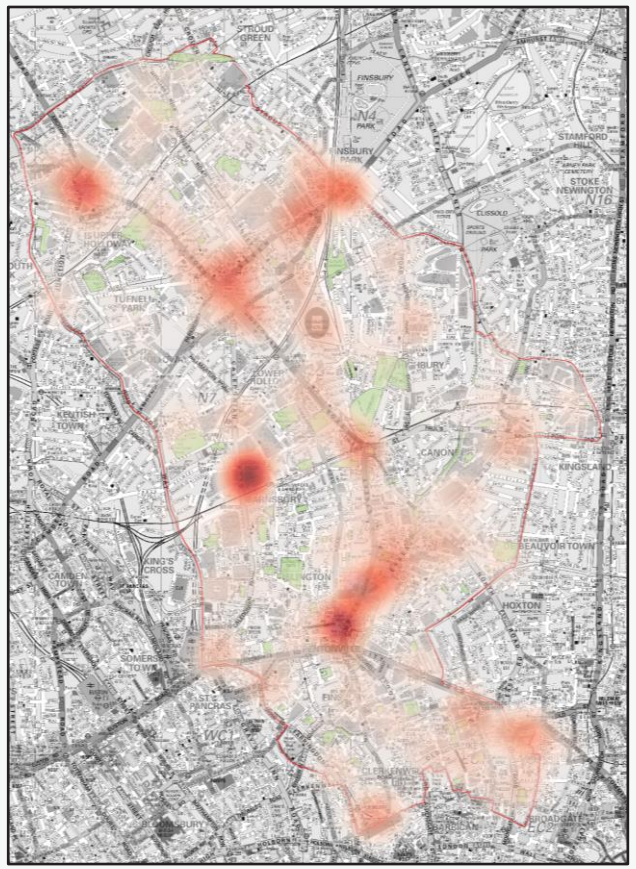
- Receptionist may have good local knowledge of locations, patient may not be willing to share initially, may be safeguarding considerations for practitioner to know.
- An ideal EPR system would allow us to do all and send best answer!

“It won’t work as the people causing the problems don’t want to share”

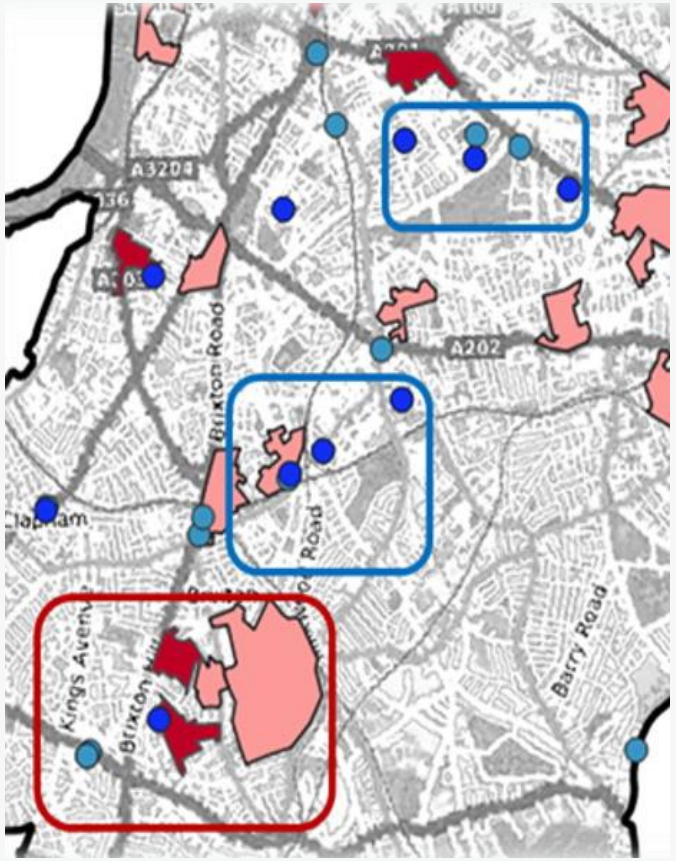
Patient trust, ISTV data as an introduction to trauma informed approach (linking strands of VR), safeguarding information, who reports to police, ‘random’ vs ‘targeted’ interpersonal violence.

Is this for knife crime? Surveillance / Initial intention.

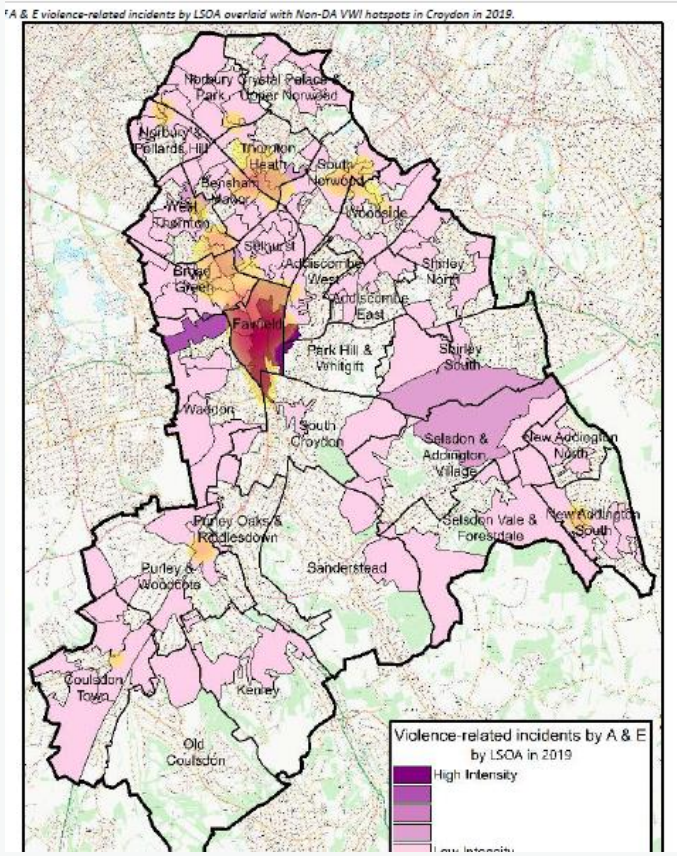
Local successes – hot-spoting.



Islington 21/22 MPS & ISTV

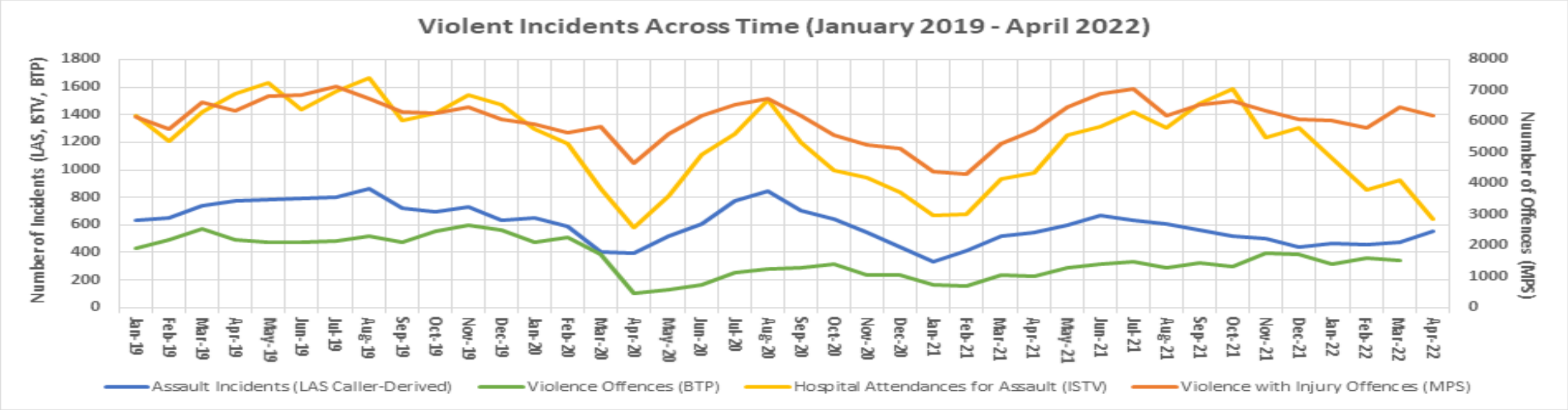


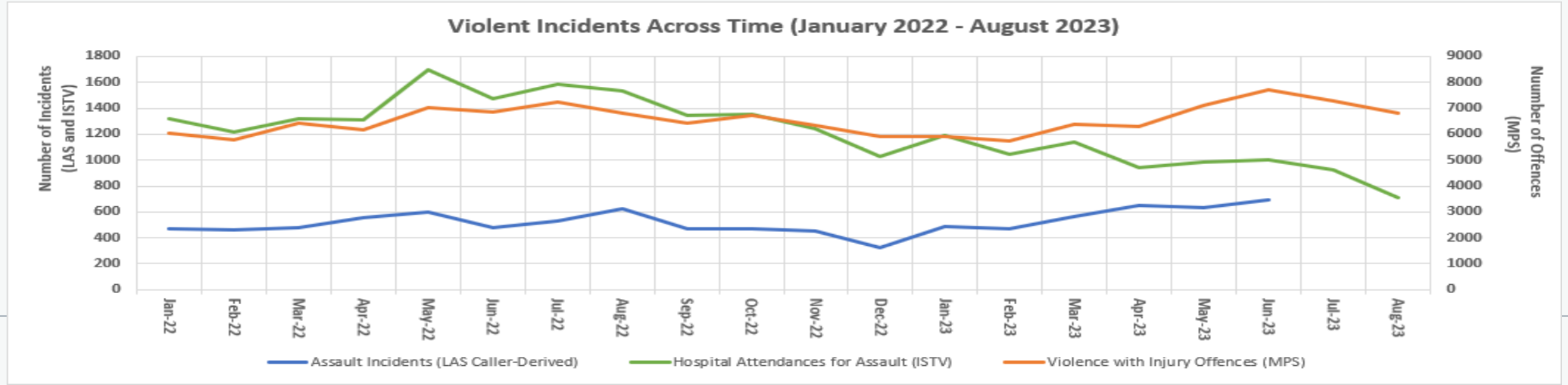
Lambeth & Southwark 2021 (Spots ISTV, Patches MPS & LAS)



Croydon 2019, ISTV only

Does ISTV correlate with other London datasets?





Why will it work now?

Not worked for 10 years!

‘Step changes’ – a cause for optimism.

Are we doing something different?

- ECDS V4 and VIS (Violent Injuries Subset) – both surveillance (ISTV) and population understanding – **from NHS data**.
- Integrated Care Boards / Systems and Serious Violence Duty – system approaches and linking with regional VRUs.
- Using the Quality Improvement approach.
- And maybe…
- At every step of ISTV - making this ‘someone’s’ job?

Thank You

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