

Information Sharing to Tackle Violence and the vital role all ED staff play in violence prevention

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Your hospital. Your community. The part YOU play.



For every £1 spent on crime prevention, £82 is saved*

It's not all about the money but with more budget cuts looming and the constant pressure on A&E staff to keep departments running whilst dealing with the consequences of a lack of funding and a lack of resources, it's worth taking violence prevention more seriously.

For every £1 spent on crime prevention, £82 is saved.*
By embracing ISTV - doing it properly and establishing strong relationships with community partnerships, local authorities and sitting on local violence reduction boards, savings like these are possible. Most importantly it will lead to less lives ruined.

We know there is a high prevalence of non-reporting of violent injuries, and this is where ED data forms a critical piece of the jigsaw to help identify hotspots so that the right interventions can be put in place.

In 2019 a Home Office Impact Assessment** found substantial savings to be gained by implementing ISTV (the Cardiff Model), saving each local authority £2.7m per annum.

If implemented in just 5% of local authority areas cost savings are estimated to be £858 million over 10 years. And that is just 5% of areas.

Supporting young people and preventing them from getting involved in crime is a crucial piece of the violence prevention puzzle. With early intervention, we can reduce the likelihood of young people engaging in violence and crime later in life.

In 2000, there were over 80 violence related ED attendances per week in Cardiff before information sharing to tackle violence was implemented. By 2024, this had decreased to 30-35 per week. If this was replicated in every ED in the country, it would make a real difference to your hospital, your community - you have a role to play.

In the drive to get more EDs on board with ISTV, we're sharing materials to help increase awareness and demonstrate the impact it is having in some cities in the UK and abroad.

You can read more on RCEM's website.

*Source: Florence et al. Injury Prevention 2014

**UK Home Office, Introducing Public Health Measures IA 2019 (IA No: HO0345)

ISTV IS A MANDATORY REQUIREMENT

Even more reason to get on board with ISTV is that is mandatory that all major NHS Emergency Departments in England must collect and share non-personal information on violence with their local community safety partnership teams (mandated by the UK Government in 2014).

The mandate requires:

- EDs to collect data on:
 - Date and time of incident
 - Location (e.g. street, pub, home)
 - Weapon used
- Regular sharing of this data with local authorities and police
- Community Safety Partnerships to use this data to inform prevention strategies (e.g. targeted patrols, licensing enforcement)

ISTV essentials

- ISTV data items with questions embedded in ED software.
- ED receptionists and triage nurses able to ask people injured for this information and record it routinely and electronically.
- Hospital IT units able to anonymise and share these data with authorities responsible for discharging the statutory duty to collaborate to prevent violence.
Analyst(s) associated with the local Community
- Safety Partnership (CSP) combine these data with police data and summarise and map them for the local violence prevention board.
City/local authority area violence prevention boards comprising police, local government, health (including a lead Emergency Medicine consultant) and education executives which meets at least once a quarter to choose and implement effective violence prevention interventions



Is this approach effective?

Based on controlled trials published in the British Medical Journal (BMJ) in 2011 – as soon as the Cardiff Model was implemented in full in Cardiff, violence began to fall and was sustained across four years of the study.

During this time, violence began to rise in the other 30 cities designated comparison sites as most similar by the Home Office.

- Hospital admissions fell in the intervention cities and rose in the comparison cities

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NEW PODCAST: ISTV - IT'S PERSONAL

The final in a series of three special ISTV Podcasts, clinicians who are wholly invested in ISTV discuss why it is important on a personal level, the challenges to implementation and how they can be overcome.

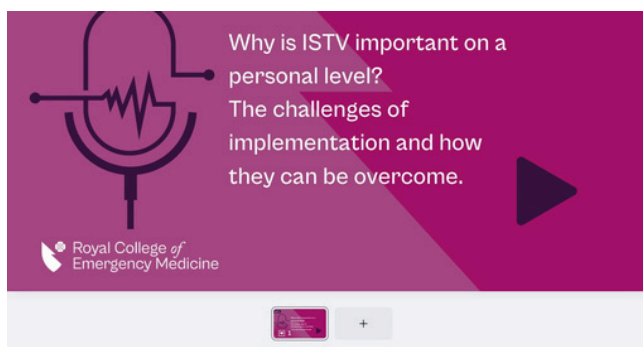
Emergency medicine consultant Saleyha Ahsan was joined Dr Rachel Jenner, Clinical Lead for Greater Manchester's Violence Reduction Partnership, and Dr Katie Wright, Clinical Lead for West Midland's Violence Reduction Partnership.

This insightful discussion explores the root causes of violence, its impact on both patients and staff, and evidence-based strategies for prevention and intervention.

McCluskey and Shepherd share their extensive experience in transforming emergency care environments through collaborative approaches and public health models.

Whether you're an emergency medicine professional, a healthcare leader, or someone interested in improving patient and staff safety, this episode offers valuable perspectives and practical solutions.

Listen here.



Ben Bloom,
Consultant in EM.
Royal London Hospital,
Academic Lead for ED Bart's Health.
Clinical Co-Lead for ECDS NHSE
Senior Lecturer, QMUL

“ISTV is a great example of coalface information having direct effects on public health with reduction in violence and mental illness in some cases.”

You can read a short Q&A with Ben on [RCEM's website: 'A Clinician's View: Ben Bloom.'](#)

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