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## **Information Sharing to Tackle Violence (ISTV) Initial Standard: Specification**

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Version	Date	Amendment History
0.1	14 Nov 2013	First draft for comment
0.2	09 Jan 2014	Updated version
0.3	10 Jan 2014	Version submitted for appraisal
0.4	11 Feb 2014	Revised following appraisal meeting and resubmitted
0.5	14 Feb 2014	Minor edits following comments from appraisers.
0.6	26 Feb 2014	Requirements for information sharing agreements relaxed following discussion/ representation from Home Office
0.7	11 Mar 2014	Final version for submission with minor corrections.
1.0	03 Apr 2014	Updated data Dictionary Reference
2.0	10 Jun 2014	Publication Copy
2.1	09 Jul 2014	Implementation date changed

**Approvals:**

Name	Organisation	Version	Date
Amy Nicholas	Department of Health	1.0	9/06/2014
Kathy Farndon	NHS England	1.0	9/06/2014
Amy Nicholas	Department of Health	2.1	09/07/2014
Kathy Farndon	NHS England	2.1	09/07/2014

**Glossary of Terms:**

Term	Acronym	Definition
A&E Department	A&E	Hospital department usually operated by an NHS Trust providing emergency care. These are sub-categorised as: Type 1: Consultant-led 24 hour service Type 2: Consultant-led mono specialty service (e.g. ophthalmology, dental) Type 3: Minor injuries units Type 4: NHS walk-in-centres
Admin User		Person who uses the A&E department IT system to extract the ISTV dataset for a defined Reporting Period in order to share it with a CSP.
Cardiff Violence Prevention Programme	CVPP	Pioneering violence reduction programme in Cardiff demonstrating the effectiveness of the process and providing the majority of research evidence to underpin this Information Standard.
Community Safety Partnership	CSP	Local multi-agency partnership involving 'responsible authorities': police, fire, health, local authority, probation service.

Information Sharing to Tackle Violence	ISTV	The end-to-end process of collecting the ISTV dataset in A&E departments and sharing this with CSPs.
NHS Data Model and Dictionary Service	NHS DMDS	The NHS Data Model and Dictionary provides a reference point for assured information standards to support health care activities within the NHS in England.
Organisation Data Service	ODS	Authoritative source of identification codes for all NHS and related organisations. Centrally managed by the Health & Social Care Information Centre.
Patient		The person attending the A&E department for emergency treatment as the result of a violent incident.
Reporting period		Time period within which all the A&E attendances caused by violent incidents should be reported.
User		Person using the A&E department IT system to enter ISTV data. It is assumed that the primary data collector is likely to be a receptionist as recommended in the College of Emergency Medicine guidelines, but this may not necessarily be the case.
Violent incident		An assault that caused a patient to attend the A&E department for emergency treatment. Likely to be identified using the NHS Date Dictionary Incident Type '07 Violence' in the department's IT system.

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# 1 Overview

## 1.1 Summary

<b>Standard</b>	
Standard Number	ISB 1594
Standard Title	Information Sharing to Tackle Violence (ISTV)
Description	<p>ISTV comprises a small de-identified dataset collected by Accident &amp; Emergency (A&amp;E) departments and shared with local Community Safety Partnerships (CSP) on a monthly basis. The data covers all A&amp;E attendances resulting from violent incidents, including:</p> <ul style="list-style-type: none"> <li>• Time and date of the incident</li> <li>• Time and date of arrival in A&amp;E</li> <li>• Specific location of the incident</li> <li>• Primary means of assault (i.e. weapon or body part used)</li> </ul> <p>The data is extracted and sent to one or more local CSP via an agreed mechanism along with:</p> <ul style="list-style-type: none"> <li>• Reporting period dates</li> <li>• ODS Code<sup>1</sup> for the A&amp;E department</li> </ul> <p>The CSP incorporates the data into its intelligence analysis to inform community violence reduction strategies.</p>
Applies to	<p>This standard applies to:</p> <ul style="list-style-type: none"> <li>• Type 1 Accident &amp; Emergency departments in England</li> </ul> <p>The standard is optional but recommended for:</p> <ul style="list-style-type: none"> <li>• Type 2, 3 and 4 Accident &amp; Emergency departments in England</li> </ul>
<b>Release</b>	
Release Number	Amd 31/2012
Release Title	Initial Standard
Description	This is the initial standard definition
Implementation Completion Date	31 July 2015

<sup>1</sup> ODS: Organisation Data Service: the central authority for providing identification codes for all NHS and related organisations.

## 1.2 Supporting Documents

Ref #	Reference	Title
1	ISTV_Implementation_Guidance_2.0	<a href="#">ISTV Initial Standard: Implementation Guidance</a>
2	CR1344-18092014	<a href="#">NHS Data Model and Dictionary Change Request</a>

## 1.3 Related Standards

Ref #	Reference	Title
1	ISB 1588	Accident and Emergency Clinical Quality Indicators

## 2 Background

The Information Sharing to Tackle Violence (ISTV) standard codifies a small de-identified dataset to be shared routinely between NHS Accident and Emergency (A&E) Departments and Community Safety Partnerships<sup>2</sup> (CSP). CSPs can use this to inform their community violence reduction strategies.

The low cost and relative simplicity of the data collection, when coupled with effective violence reduction measures, mean that significant social and economic benefits are possible. Pioneering work by the Cardiff Violence Prevention Programme (CVPP)<sup>3</sup> indicates this approach can reduce attendances at A&E resulting from violent incidents by around 35% and save an estimated £7M per year for comparably sized cities. The approach is commonly known as 'the Cardiff Model'.

Following the publication of College of Emergency Medicine guidelines based on the Cardiff Model in 2009<sup>4</sup> it has been implemented across a significant proportion of NHS A&E departments. A baseline audit commissioned by the Department of Health (DH) in 2011<sup>5</sup> found that it had been implemented in around 30% of departments, but in an inconsistent manner and sometimes without adequate information governance.

This standard will ensure the data collection and sharing process is implemented across the 189 Type 1 A&E departments in England in a safe and consistent manner.

The implementation of the Cardiff Model across England is a coalition government commitment<sup>6</sup>.

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<sup>2</sup> CSPs were established under Section 5-7 of the Crime and Disorder Act 1998. There are around 300 in England. They are sometimes referred to as Crime and Disorder Reduction Partnerships, but CSP has been used throughout this document.

<sup>3</sup> Florence, C. et al. Effectiveness of anonymised information sharing and use in health service, police, and local government partnership for preventing violence related injury: experimental study and time series analysis. *BMJ* 2011;342:d3313.

<sup>4</sup> College of Emergency Medicine. Guidelines for information sharing to reduce community violence. 2009. <http://www.collemergencymed.ac.uk/code/document.asp?ID=4881> [accessed 9/01/2014]

<sup>5</sup> Centre for Public Innovation. Information Sharing to Tackle Violence: audit of progress on delivering the coalition commitment 2012. CPI, 2012. <http://www.publicinnovation.org.uk/wp-content/uploads/2013/01/AE-Data-Sharing-Audit-2012.pdf> [accessed 16/02/2014]

<sup>6</sup> The Coalition: our programme for government, p.13. London: Cabinet Office. 2010.

### 3 Purpose of the dataset

The purpose of the data collection is to assist in the reduction of violence in the community by providing CSPs with information about the location, timing and nature of violent incidents that is not available from other sources. The data can help to identify patterns and hotspots of violence that are amenable to mitigating intervention by the authorities.

Studies from the UK<sup>7</sup> and Denmark<sup>8</sup> have shown that only between 25% and 30% of assaults that lead to medical treatment are reported to the police. The ISTV dataset is based on the premise that improving the information available to the police and other responsible authorities will enable them to plan more effective interventions to prevent violence occurring in the first place, or reduce its severity<sup>9</sup>.

In this regard, a significant reliable source of information on violent incidents will come from the NHS which must deal with the immediate health consequences, either from ambulance crews who attend an incident or A&E departments where treatment is provided. This standard is concerned with the assaults that result in A&E attendance.

The Cardiff Model process constitutes a public health intervention using the standard definition adopted by the Faculty of Public Health<sup>10</sup> which provides a public interest justification for sharing the data.

#### 3.1 Overview of the dataset and collection

The dataset is de-identified, takes around 2 minutes per patient to collect and comprises<sup>11</sup>:

- Time and date of the violent incident;
- Time and date of attendance at the A&E departments (already collected as part of ISB 1588<sup>12</sup>);
- Specific location of the violent incident;
- Primary means of assault (i.e. main weapon or body part used).

The data is extracted and sent to one or more local CSPs along with:

- Reporting period start and end dates
- ODS code for the A&E department

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<sup>7</sup> Shepherd JP, Ali MA, Hughes AO, Levers BGH. Trends in urban violence: a comparison of accident department and police records. *J R SocMed* 1993;86:87-9.

<sup>8</sup> Faergemann C, et al. Trends in deliberate interpersonal violence in the Odense Municipality, Denmark 1991-2002: the Odense study on deliberate interpersonal violence. *J Forensic Leg Med* 2007;14:20-6

<sup>9</sup> Florence, C. et al. Effectiveness of anonymised information sharing and use in health service, police, and local government partnership for preventing violence related injury: experimental study and time series analysis. *BMJ* 2011;342:d3313.

<sup>10</sup> [http://www.fph.org.uk/what\\_is\\_public\\_health](http://www.fph.org.uk/what_is_public_health)

<sup>11</sup> Full details on how the dataset should be implemented will be published in the NHS Data Model and Dictionary entry (CR1344).

<sup>12</sup> ISB 1588 Accident and Emergency Clinical Quality Indicators.

A full list of data items is included in section 5 and these are expressed with more detail and context in the NHS Data Model and Dictionary (NHS DMDS)<sup>13</sup>.

The information is provided on a monthly basis (or more frequently by local agreement) for the CSP to use to inform mitigating measures such as policing strategies, licensing decisions or information campaigns.

As CSPs lie outside of health and social care, their use of the data is out of scope of the standard. However, NHS Trusts hosting A&E departments have a responsibility to ensure that the data is collected and shared safely, legally and in line with NHS Information Governance (IG) policy.

### **3.2 Anonymity and information sharing**

To ensure the information sharing process is safe and legal, the anonymity of the data must be assured, that is no information that might allow an individual to be re-identified should be included with the data. That includes names, addresses and full postcodes, but can also include part postcodes when combined with extensive demographic information.

The requirements set out below and the accompanying Implementation Guidance provides safeguards to help ensure the risk of re-identification are minimised.

### **3.3 Future development of the standard**

Currently, the mechanisms used to provide data to CSPs is left to the discretion of local organisations. It is likely that a future amendment to this information standard will include a mechanism to flow the data to a national agency or regional agency in standard reporting periods and in a standardised electronic format. For this reason, the requirements to include the reporting period and NHS organisation code with the dataset have been introduced.

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<sup>13</sup> CR1344 ISTV NHS Data Model and Dictionary Change Request

## 4 Specification

### 4.1 Assumptions

#	Assumptions
A1	How the data flows from the A&E department to the CSP will be agreed locally. However, it is assumed that this will be via an electronic file (e.g. CSV, Excel) that can be extracted and transmitted electronically and imported into another IT system or application for analysis.
A2	A future requirement is likely to define a flow of data from all A&E units to a central or regional authority on a periodic basis for national (England-wide) analysis.
A3	The IT system of the A&E department will have the necessary information governance (IG) and access control mechanisms (e.g. NHS smart card etc) appropriate to a system containing patient identifiable data (PID).
A4	Staff operating the IT system of the A&E department will be subject to appropriate IG training covering their responsibilities to protect patient confidentiality.
A5	There will be a time lapse between the violent incident taking place and the patient attending the A&E department. This may vary from a few minutes to several days or even weeks.
A6	It is accepted that in some cases, it will be impossible to collect all of the dataset because the patient is unable or unwilling to provide the information, for example where the patient is unconscious. For that reason, data items on the method and location of assault cannot be mandatory.
A7	The number of incidents is relatively small. Typical volumes reported in medium sized UK cities like Cardiff report between 50 and 100 per month. Therefore, there are no volumetric or performance implications for A&E IT systems that need to be tested for.
A8	The IT system of the A&E department will record the date and time of arrival of the patient as part of the booking in process (this is a requirement of ISB1588), and this information will not need to be collected again.
A9	The IT system of the A&E department will store the ODS code of the department, hospital or NHS Trust to which the department belongs, or this information will be readily available.

### 4.2 System requirements

#	Requirement <sup>14</sup>
S1	A&E IT systems <b>MUST</b> be capable of collecting and storing the ISTV dataset as specified.
S2	The A&E IT system <b>MUST</b> be capable of setting the reporting period as agreed between the A&E department and the CSP based on patient's arrival time at the A&E department. For example: For all relevant A&E attendances, for a specified month, where the arrival time at A&E was between 00:00:00 on the first day of the month to 23:59:59 on the last day of the month.
S3	The A&E IT system <b>MUST</b> enable a user with administrative access to export the dataset in a standard electronic format, for example CSV file, for all records in a specified reporting period.
S4	The A&E IT system <b>MAY</b> enable a user with administrative access to print the dataset for all records in a defined reporting period.

<sup>14</sup> The key words **MUST**, **SHOULD** and **MAY** are defined in [RFC-2119](#).

S5	The A&E IT system MAY enable a user with administrative access to export the dataset in the XML format recommended by the NHS DMDS.
S6	The A&E IT system MAY record the details of a data extraction event for audit purposes and in order to reduce the possibility of duplicate extractions taking place. The following data items MAY be recorded: <ul style="list-style-type: none"> <li>• Date and time of the data extraction</li> <li>• Admin user who carried out the extraction</li> <li>• Reporting period against which data was extracted</li> </ul>
S7	The A&E IT systems SHOULD restrict data entry into the ASSAULT METHOD and ASSAULT LOCATION TYPE fields to one of the permitted options only
S8	The A&E IT system SHOULD allow free text entry into the ASSAULT METHOD OTHER DESCRIPTION field ONLY when options 04 (Other) or 10 (Other bladed or sharp object) or 11(Any blunt object) or 14(Other weapon) are selected for ASSAULT METHOD
S9	The A&E IT systems SHOULD allow free text entry into the ASSAULT LOCATION field ONLY when option 02(Other location) has been selected for ASSAULT LOCATION TYPE
S10	The A&E IT system MAY use drop down lists or other conventional user interface mechanisms to control data entry into the ASSAULT METHOD and ASSAULT LOCATION TYPE fields
S11	The A&E IT system MAY use visual or audible warnings to discourage users from entering data that might allow re-identification (e.g. names and personal address details, full postcodes, NHS Number)

### 4.3 Process requirements

#	Requirement <sup>15</sup>
P1	Clinical data MUST NOT be extracted or sent with the ISTV dataset
P2	Data that can facilitate the re-identification of a patient with reasonable effort (e.g. names and personal address details, full postcodes, NHS Number) MUST NOT be extracted or sent with the dataset.
P3	Data for a reporting period SHOULD be extracted and sent electronically
P4	Electronic files sent to the CSP MUST be sent securely either by secure email (NHSmal to NHSmal or NHSmal to GCSX mail)
P5	Electronic files SHOULD be encrypted before being sent to the CSP. Where encryption is used the passphrase MUST be sent separately from the file.
P6	Data MUST be sent at least monthly
P7	Data MAY be sent more frequently than monthly (e.g. weekly) if this is agreed between the A&E department and the CSP
P8	A&E departments MUST ensure that data for a reporting period is sent only once to avoid the possibility of duplicate data being processed by the CSP
P9	The CSP MUST use the data only for the purpose for which it is provided – the identification of violence hotspots to inform community safety measures.
P10	The Caldicott Guardian responsible for the A&E department MUST ensure the extracted data is audited periodically to ensure it is de-identified

<sup>15</sup> The key words MUST, SHOULD and MAY are defined in [RFC-2119](#).

## 4.4 Conformance Criteria

This section describes the tests that can be measured to indicate that the information standard is being used correctly by an organisation (conformance criteria). These may be different depending upon the type of organisation, e.g. supplier, Trust, GP practice.

Organisation Type	Criteria
Any A&E department implementing the standard	All components of the ISTV dataset are collected and stored as specified.
Any A&E department implementing the standard	Only one option can be selected for ASSAULT LOCATION TYPE and ASSAULT METHOD
Any A&E department implementing the standard	Text entry into ASSAULT METHOD OTHER DESCRIPTION and ASSAULT LOCATION fields is only allowed when the specified options are selected
Any A&E department implementing the standard	Text entry does not contain any data that could compromise anonymity (e.g. names and personal address details, full postcodes, NHS Number)
Any A&E department implementing the standard	Dataset can be saved in a standard electronic file format for a specified reporting period.
Any A&E department implementing the standard	Data can be printed for a specified reporting period (if this option is included)
Any A&E department implementing the standard	Data can be saved as an XML file for a specified reporting period (if this option is included)
Any A&E department implementing the standard	A record of Caldicott Guardian data audits is maintained including the date of each audit and any findings.
Any A&E department implementing the standard	Caldicott Guardian data audit confirms there is no clinical or potentially re-identifiable data in the extraction.
Any A&E department implementing the standard	Caldicott Guardian data audit confirms that data is sent promptly, to the required timetable and there are no duplicate data transfers.
Any A&E department implementing the standard	Where any data beyond the minimum dataset is shared, a written information sharing protocol, approved by the relevant Caldicott Guardian is in place between the A&E department (or host NHS Trust/Foundation Trust) and the CSP. The protocol covers the permitted use of ISTV data by the CSP and agreed actions where misuse is identified.
Any A&E department implementing the standard	Electronic files are only sent between NHSmail accounts or between NHSmail and GCSx Mail accounts.

## 5 ISTV dataset definition

The following is the formal definition of the ISTV dataset. More detail on data formats and context is available in the relevant section of the NHS Data Model and Dictionary Service (NHS DMDS)<sup>16</sup>.

NHS Data Model & Dictionary Label	Descriptions	Permitted values	Field specification
REPORTING PERIOD START DATE	Date of the start of the reporting period	( CCYY-MM-DD)	10 characters, alphanumeric
REPORTING PERIOD END DATE	Date of the end of the reporting period	( CCYY-MM-DD)	10 characters, alphanumeric
SITE CODE (OF TREATMENT)	ODS code of the A&E department, hospital or trust	ODS code of the NHS Trust / Foundation Trust hosting the A&E department, conforming to the relevant ODS specification.	3-12 characters, alphanumeric
ARRIVAL DATE AND TIME AT ACCIDENT AND EMERGENCY DEPARTMENT	Date and time that the patient attended (i.e. arrived at) A&E department	( YYYY-MM-DDThh:mm:ss)	19 characters, alphanumeric
ASSAULT DATE AND TIME	Date and time that violent incident occurred	( YYYY-MM-DDThh:mm:ss)	19 characters, alphanumeric
ASSAULT METHOD	Details of the primary method of assault including whether a weapon or body part was used, and if so, what.	One selected from the following: 01 Fist 02 Feet 03 Head 04 Other (specify) 05 Combination of body parts 06 Pushed 07 Glass 08 Bottle 09 Knife 10 Other bladed or sharp object (specify) 11 Any blunt object (specify) 12 Firearm 13 Explosive 14 Other weapon (specify) 15 Patient asked but does not know / refuses to say 16 Unknown (patient unconscious / dead)	2 characters, alphanumeric
ASSAULT METHOD OTHER DESCRIPTION	Free text description of the weapon(s) if 04, 10, 11 or 14 is selected for ASSAULT METHOD	Text	Up to 25 characters, alphanumeric
ASSAULT LOCATION TYPE	Type of location where the violent incident took place	One selected from the following: 01 Home or private address 02 Other location (specify)	2 characters, alphanumeric

<sup>16</sup> CR1344 ISTV NHS Data Model and Dictionary Change Request.

ASSAULT LOCATION DESCRIPTION	Free text description of the type of location the incident took place if 02 is selected for ASSAULT LOCATION DESCRIPTION	Text	Up to 255 characters, alphanumeric
an=alphanumeric character (e.g. 0-9; A-Z)			