

# Consultation on piloting the use of body-worn camera devices within the emergency department

## Equality Impact Assessment

January 2025

**Equality Impact Assessment (EQIA) in accordance with Section 75 and Schedule 9 of  
The Northern Ireland Act 1998**

**This EQIA should be read in conjunction with the Trust's accompanying consultation  
documents**

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## Introduction

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This Equality Impact Assessment (EQIA) has been prepared to assess the impact of the piloting the use of body-worn camera devices (BWC) within the emergency department (ED).

An EQIA is an in-depth analysis of a proposal to determine the extent of the impact on equality of opportunity for the nine equality categories under Section 75 of the Northern Ireland Act 1998. This EQIA has been made available as part of a formal consultation and the Trust welcomes your views.

This EQIA stands alongside our consultation document “Piloting the use of body-worn camera devices within the emergency department”. Copies of all our documents are available on our website: [www.northerntrust.hscni.net](http://www.northerntrust.hscni.net). If you have any queries about this document, and its availability in alternative formats (including Braille, disk and audio cassette, and in minority languages to meet the needs of those who are not fluent in English) then please contact:

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## Section 75 of the Northern Ireland Act 1998

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Section 75 of the Northern Ireland Act 1998 requires each public authority, when carrying out its functions in relation to Northern Ireland, to have due regard to the need to promote equality of opportunity between nine categories of persons, namely:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between persons with a disability and persons without; and
- between persons with dependants and persons without.

Without prejudice to its obligations above, the public authority must also have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

The Trust’s Equality Scheme outlines how the Trust proposes to fulfil its statutory duties under Section 75. The Scheme gives a commitment to apply the below screening methodology to all new and revised policies as an integral part of the development process and where necessary and appropriate to subject new policies to further equality impact assessment.

- What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? (minor/major/none)

- Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?
- To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor/major/none)
- Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

We have followed procedures outlined in the Equality Commission for Northern Ireland's (ECNI) 'Guide to the Statutory Duties', on the completion of this EQIA. Following consultation a summary report of feedback received will be made available. In compliance with the legislation, when making any final decision the Trust will take into account the feedback received on this EQIA.

The Trust is committed to the promotion of human rights in all aspects of its work.

The Human Rights Act gives effect in UK law to the European Convention on Human Rights and requires legislation to be interpreted so far as is possible in a way which is compatible with the Convention Rights. It is unlawful for a public authority to act incompatibly with the Convention Rights. The Trust will make sure that respect for human rights is at the core of its day to day work and is reflected in its decision making process and in taking forward any change to services.

## About the Trust

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The Northern Health and Social Care Trust (The Trust) provides a range of health and social care services to a population of approximately 479,000 people across a geographical area of 1,733 square miles (2,773 square km) making it the largest geographical trust in Northern Ireland.

The Trust employs approximately 15,000 permanent, temporary and bank staff across a wide range of medical, health and social care disciplines.

Services are delivered from over 150 facilities including two major general hospital sites, a mental health hospital, local community hospitals, health centres, social services, and a significant network of community services as well as provision of care in the home.

The Trust covers four local council areas – Antrim and Newtownabbey, Causeway Coast and Glens, Mid and East Antrim and Mid Ulster. The Trust has the largest older population and the largest population of children when compared to other HSC Trusts in Northern Ireland.

The Trust's vision is 'to provide compassionate care with our community in our community'. In delivery, planning and reforming services, all staff are guided by the Health and Social Care Values for All – Working Together, Excellence, Openness

and Honesty, and Compassion.

The Trust publishes a large number of documents relating to its business and services. These include corporate reports, strategic plans, leaflets, consultation papers and newsletters. These are available on the Northern Trust website <https://www.northerntrust.hscni.net/about-the-trust/corporate-information/corporate-reports/>.

## Background

The Trust has two Emergency Departments (EDs), situated across two sites – Antrim Area Hospital and Causeway Area Hospital. It also has a Minor Injuries Unit on the Mid-Ulster Hospital site. The Emergency Department (ED) in Antrim Area Hospital has the highest activity of the sites. During the period April 2023 to March 2024 Antrim ED recorded 64% of the total ED attendances within the Trust. This does not include those individuals who accompanied individuals attending for treatment. It also does not acknowledge the increasing demand for services, the increased severity of patients' conditions and the urgency with which they need to be seen. Despite healthcare staff working hard to provide the best possible care to patients, there has been a marked rise in acts of violence and aggression against staff over the last number of years. This is not unique to the Northern Trust and has been recognised across the region and United Kingdom. The Trust supports our NHS colleagues in condemning any incident of violence or aggression towards hospital staff, or any other emergency worker. The Trust has a duty to ensure the safety of its staff and will continue to work closely with our partners to identify further ways that can prevent such offences.

In December 2023, the Department of Health in Northern Ireland (DoH) reported that over the last five years, there have been over 50,000 attacks on healthcare staff across Northern Ireland. In response to rising trends, the DoH developed a regional violence and aggression framework (MOVA) underpinned by health and safety legislation. Entitled "It's not part of the job" it sets out a commitment to ensuring the prevention, reduction and management of violence and aggression towards staff. This regional MOVA Framework is adopted by the Trust and recognises that staff have the right to feel safe from the threat of violence and aggression. It is recognised that the impact of violence and aggression towards staff, is far reaching for an organisation, in that it can lead to reduced performance, both individually and at team level, low morale, poor employee relationships, high levels of absence, difficulty in recruiting and retaining staff and negative publicity. When incidents do occur, it is vital that all incidents of violence and aggression are dealt with appropriately and that staff are supported in line with Trust policy.

The ED environment is highly pressured, busy and at times is unpredictable. Incidents of violence and aggression only make staff jobs more difficult. The Trust is committed to staff safety, and in working to achieve a reduction in volume and severity of incidents of violence and aggression towards staff, through the provision of safe ways of working and effective training. Interventions adopted by the Trust include, but are not limited to, the use of communication, risk assessment, provision

of de-escalation training and prevention planning, service user involvement and learning from incidents.

The rollout is proposed of twelve BWC devices in the ED at Antrim Area hospital as part of a three month pilot. BWC devices, a wearable audio and video recording system, will be utilised by uniformed nursing staff only in four areas within the ED, notably the Ambulance Triage, Observation Unit (Obs), Ambulatory Emergency Care (AEC) and Majors. BWC devices will be used in accordance with a set activation criteria and deactivated when staff perceive the risk to have decreased. BWC devices will be activated when there is either a violence or aggression type incident taking place or when a situation is unfolding that staff perceive could likely escalate into a more serious situation or incident which could put Trust staff, property and assets at risk. During the pilot, activation will be triggered by staff only. While there is potential that individuals in the ED may ask staff wearing BWC devices to activate their camera, activation will only occur should the staff member conduct a dynamic risk assessment and conclude circumstances met the set activation criteria. It is acknowledged staff perception of perceived risk may be influenced by their own experience and exposure to violence and aggression within the ED setting.

In addition to deliberate acts of violence and aggression that are sometimes displayed by service users (or their family and friends), illnesses and mental capacity may also lead to unintended or unintentional incidents of violence and aggression which are outside of their control, but which lead to the harming of staff. Activation will be motivate-blind, but circumstances surrounding activation will be given due consideration when Trust management are reviewing and labelling footage and will inform the response taken.

The wearer of the device will voice to those around and alert them should recording be activated and again when recording is deactivated. Footage captured will be stored and managed on the aligned video management software and retained in accordance with Trust retention and disposal schedules. Use of the devices would be subject to rigorous staff training.

There will be a strict protocol of usage and storage of information. There will be signage as part of broader ongoing communication, including media and awareness-raising.

Within Northern Ireland, public sector organisations such as the Police Service of Northern Ireland (PSNI), Translink and the South Eastern Health and Social Care Trust (SEHSCT), Northern Ireland Ambulance Service (NIAS) and the Southern Health and Social Care Trust (SHSCT) have all successfully implemented body-worn camera devices with a view to reducing violence against staff, as have other NHS organisations across the United Kingdom. While it is noted that the Northern Trust will be the first ED in the region to pilot this intervention, there are other EDs within the United Kingdom who use the technology successfully with positive results and the Trust has involved them as part of pre-consultation engagement.

## Legitimate Interests and Expected Benefits

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Data from body-worn cameras will be processed to achieve the following legitimate interests:

- To protect and enhance the experience of patients, staff and others who access the ED unit by helping provide a safer and calmer environment
- To enhance the security and the protection of Trust property and assets
- To influence behaviour by acting as a deterrent to acts of violence and aggression and aid to de-escalate of situations should they arise
- To enhance staff education and learning on management and prevention of aggression
- To record an independent account of what happened should adverse events arise and have footage captured with evidential value to any review or investigative process
- To support relevant authorities in the apprehension and prosecution of offenders by enhancing the type and quality of discoverable evidence should criminal or civil action be brought

The Trust expects the benefits will include the following:

- Support for staff and increased awareness to provision of support
- Increased staff psychological safety at work and better staff morale by making real and perceived improvements to healthcare environments
- Directly or indirectly reducing the incidence and severity of violence and aggression towards staff
- Help to deliver improved patient care through calmer environments
- Improved education of staff on management and prevention of violence and aggression
- Delivery of cost savings, reducing the actual and associated costs of violence and aggression

## Strategic Context

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The Trust's People and Culture Plan 2023-26 sets out our people priorities and commitments. A key strand relates to nurturing our people with protection of staff wellbeing and embracing of diversity and inclusion highlighted. The implementation of BWC should positively contribute to achievement of these priorities.

There is regional recognition of the need to positively tackle the issue of violence and aggression in the workplace with the Department of Health launching a regional

violence and aggression framework (MOVA) in respect of this in December 2023 outlining its purpose as:

*“to outline the HSC commitment in partnership with staff representatives, to ensure the prevention, reduction and management of violence and aggression towards staff in the workplace, and to ensure associated structures, policies and support is in place to enable staff to work safely”.*

Additional sources considered include:

- Health and Safety at Work (Northern Ireland) Order 1978
- Management of Health and Safety at Work Regulations (Northern Ireland) 2000
- UK General Data Protection Regulation/ Data Protection Act 2018
- Human Rights Act 1998
- Equality Commission for Northern Ireland, Section 75 of the NI Act 1998 – A Guide for Public Authorities
- Equality Commission for Northern Ireland, Section 75 Monitoring Guidance
- Trust’s Equality Scheme – reviewed and approved 2023
- Trust’s Equality, Diversity and Inclusion Policy
- Trust Management of Violence and Aggression Toolkit
- Trust Management of Change Human Resources Framework – vehicle to manage and effect changes at it relates to Trust staff
- Health and Social Care Workforce Strategy
- DHSS – Change or Withdrawal of Services; Revised Guidance on Roles & Responsibilities – DHSSPSNI- August 2023
- UK-GDPR
- ICO Guidance on Video Surveillance (including CCTV)
- Surveillance Camera Code of Practice
- Regulation of Investigatory Powers Act 2000
- DoH Good Management, Good Records (GMGR) 2017
- NHSCT Retention and Disposal Schedule
- NHSCT CCTV Surveillance Systems
- Processing of Personal Information (POPI) - General Procedures
- Making Information Available to the Public (MIAP) Procedures
- Information Asset Owners and Information Asset Administrators Guidance
- Portable Appliance Testing of Electrical Equipment Policy
- ICT Security Policy
- ICT Acceptable Use Policy
- Adverse Incidents Reporting and Management
- Complaints and Service User Feedback Policy and Procedure
- Management of Violence & Aggression Framework/Toolkit vers.2 (March 2022)
- Restrictive Physical Interventions
- Operational Guidance to Support the Implementation of the Mental Capacity Act (NI) 2016 (MCA) Deprivation of Liberty Safeguards (DOLS) 2019. –
- Acutely Disturbed Behaviour, Management Through Pharmacological De-escalation & Rapid Tranquilisation

- Forensic Readiness Policy
- Liaison and Effective Communications with the Police Service of Northern Ireland (PSNI), Coroners Service for Northern Ireland and the Health & Safety Executive Northern Ireland (HSENI) when Investigating Patient Safety Incidents Involving Unexpected Death and Serious Untoward Harm –
- Recording and Audio Devices within Northern Health and Social Care Trust Facilities; Guidance for Use
- NHSCT Patient and Service Users Privacy Notice
- NHSCT BWC Pilot Privacy Notice
- NHSCT Staff Privacy Notice

The list is not intended to be exhaustive.

## Data on each Section 75 equality group

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In line with the ECNI Guide to the Statutory Duties and EQIA Guidelines, we drew data from a number of sources to help us prepare this EQIA.

We gathered population data from a number of sources, namely:

- Analysis of the resident population of NHSCT into Section 75 categories to help determine who may need emergency department services in future. Statistical information was available from NISRA (including Census information from 2021, the most recent census for which detailed analysis is available).
- Northern Ireland data on physical abuse of HSCNI staff
- Trust violence and aggression statistics 2021/22 to 2023/24
- Antrim Emergency Department performance for the past three years showing:
  - Total number of attendances
  - Percentage of patients seen and admitted or discharged within 4 hours of arrival at ED
  - Number of patients spending more than 12 hours in ED
  - Percentage of patients seen by a clinician within 1 hour of arrival
  - Percentage of patients who did not wait to be seen and
  - Percentage of patients who re-attended within 7 days with same complaint
- Antrim Emergency Department incidents for the past three years showing:
  - total number of incidents split by physical, verbal and other
  - whether PSNI attended

Profile of Northern Health and Social Care Trust Resident Population

<b>SECTION 75 GROUP</b>	<b>NORTHERN AREA POPULATION (TOTAL POPULATION 479,265 from 2021 Census)</b>
Gender	Female 50.83% Male 49.17%  (2021 Census figures)
Age	0 -15 16-24 25-44 45-64 65-74 75+ 19.93% 10.14% 24.72% 26.98% 9.78% 8.45%  (2021 Census figures)
Religion	Protestant Roman Catholic Other None Not Stated 44.9% 31.9% 3.3% 18.4% 1.5%  (2021 Census figures)
Political Opinion	Not collected
Marital Status (from a total of 383,747 people, children excluded)	Single Married Other 34.82% 48.80% 16.38% (2021 Census figures)
Dependent Status (based on 193,265 households, census 2021)	Households with dependent children 29.02% (2021 Census figures)
Disability (based on 193,265 households, census 2021)	Household with one or more persons with a limiting long term illness 44.63% (2021 Census figures)
Ethnicity	Arab - 0.05% Asian Other – 0.13% Black African – 0.22% Irish Traveller – 0.06% Roma – 0.17% Pakistani – 0.06% Filipino – 0.16% Mixed Ethnic Group– 0.58% Chinese – 0.31% White – 97.66% Indian – 0.38% Other Ethnicities – 0.14% Black Other – 0.08%
Sexual Orientation (from a total of 383,747 people, children excluded)	Heterosexual – 91.2% LGBTQ+ - 1.6% Not stated – 7.2%

Source: Census 2021

Northern Ireland data on physical abuse of HSCNI staff

Number of incidents per year where HSCNI staff were subjected to physical abuse:

- 2018/19 - 9,600
- 2019/20 - 9,910
- 2020/21 - 10,730
- 2021/22 - 10,482
- 2022/23 - 10,873
- Total - 51,595

Source: Department of Health 2023

Corporate NHSCT Violence and Aggression incident volume

2022	2023	2024
1968	2505	2570
3 Year average		2348

Emergency department at Antrim Area Hospital – key statistics and 3 year trend analysis

Year	Attendances	4 hours	12 hours	Seen < 1 hour	Did not wait	Re-attenders
2021/22	91,041	54.30%	10,157	30.24%	3.77%	3.25%
2022/23	94,900	45.69%	14,568	20.44%	5.78%	3.14%
2023/24	100,163	40.02%	17,078	16.70%	6.92%	3.63%

Source: Annual Quality Report 2023/24

Emergency department at Antrim Area Hospital – incidents recorded per year

Year	Physical	Verbal	Other	Total	PSNI attend?	NHSCT total
2022	22	19	2	43	10	1968
2023	25	30	1	56	19	2505
2024	22	13	4	39	12	2570

Source: Trust Health & Safety Department supported by the Corporate Datix Team

## Assessment of Impact of Affected Service Users by Section 75 Equality Groups

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With regard to the information gathered in respect of the 9 equality categories, the Trust has noted the following in relation to current users of the emergency department at Antrim Area Hospital.

### Good Relations

Due consideration has been given to the need to promote good relations between the three groups covered by Section 75(2) i.e. on the grounds of religious belief, racial group and political opinion.

### Human Rights

The Trust is committed to the promotion of human rights in all aspects of its work. The Human Rights Act gives effect in UK law to the European Convention on Human Rights and requires legislation to be interpreted so far as is possible in a way which is compatible with the Convention Rights. It is unlawful for a public authority to act incompatibly with the Convention Rights. The Trust will ensure that respect for human rights is integral to the implementation of this proposal.

Some of these rights are absolute, whilst others are qualified, meaning that it is permissible for the state to interfere with the right provided that the interference is in pursuit of a legitimate aim and the interference is proportionate. Amongst the qualified rights is a person's right to respect for their private and family life, home and correspondence, as provided for by Article 8 of the Human Rights Act. In general, any increase in the capability of surveillance camera system technology also has the potential to increase the likelihood of intrusion into an individual's privacy. The use of BWC is 'an interference' and must always be justifiable, therefore the actions of the Trust must be justifiable, have a legitimate aim and the use of video and /or audio must be proportionate to achieving this.

Given the setting, practicalities and purpose to be achieved, BWC devices will not be operated on the basis of consent. In most situations it would be difficult to obtain valid, informed and freely given consent of all affected individuals given the category of the intervention ward.

Training will be provided to staff selected for involvement in the pilot and the BWC devices will only be used in four areas of the ED within the Antrim Area Hospital site. Training will include considerations of privacy, data protection and individual's human rights and operational protocol will determine use of the devices. This should minimise the impact on any individuals captured by the devices when deployed. Consideration has been given to Article 8 qualified rights, in an attempt to remain proportionate and in line with the legitimate aim of this intervention. It is considered that there is good reason for interference with Article 8, that is, use of BWC is

necessary in a democratic society in the interests of public safety and for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

Given that BWC devices are a form of surveillance, the Trust have given consideration to the Surveillance Camera Commissioner best practice guidance, the Information Commissioner's Office guiding principles/checklist and other sources of information (such as the British Institute of Human Rights guidance) to support the development of documents for the pilot. The focus was on three rights that the Trust believes are most relevant to the use of cameras and other recording equipment in health and social care (notably Articles 3, 8 & 14) ensuring the Trust approach is lawful, for a legitimate aim and proportionate. The Trust has also given consideration to DoL/Mental Capacity and consulted local experts. The protocol is drafted with this in mind and the Trust approach is a less restrictive option (bearing in mind Article 8) by only switching cameras or recording equipment on when an activation criteria is met. The Trust privacy notice and pilot documents set out our rationale for use and legitimate aims and safeguards. The Trust recognises many service users attending the ED are interacting with the service because they are possibly unwell or going through a difficult time in their lives or have existing diagnosis. It certainly is not the intention to distress anyone or make individuals feel humiliated or frightened (bearing in mind Article 3). The documentation clearly sets out legitimate aims for the introduction of BWC devices and training and operational protocol will bear this out also with a view of having minimum impact on individuals. Ultimately, the Trust wants to make staff, and those who frequent the ED, feel safe and not frightened. The Trust's intention to protect individuals from abuses is equally aligned with the right of being free from inhuman and degrading treatment. Moreover, our protocol allows for professional judgement and does not propose applying blanket rules or making assumptions about people (bearing in mind Article 14).

### **Between men and women generally**

The Trust population, based on 2021 Census data, indicates that 50.83% of potential service users are female and 49.17% are male. The Trust does not anticipate that this proposal will have any adverse or major impact on service users because of their gender. The Trust is committed to ongoing monitoring for any adverse impact.

### **Persons of different age**

The age composition of the Trust population, Census 2021 indicates that 19.93% of people are aged 15 and under, 61.84% of people are aged between 16 and 64 and 18.23% of people are aged 65 and over. Older people will often be more frequent users of emergency department services, and may also be more impacted by the disruption to services caused by acts of violence and aggression. The Trust will engage with older people and representative groups as part of the consultation. The Trust is committed to monitoring for any adverse impact.

## **Persons with or without a disability**

For both men and women the rate of disability increases with age. Women on average live longer than men therefore disability tends to be more common among women. It is estimated that between 17-21% of the NI population have a disability, affecting 44.63% households (Census 2021) in the Trust area. The prevalence of disability amongst adults varies significantly with age. For those aged 75 and above, the prevalence of disability increases to over 68%.

People with disabilities will often be more frequent users of emergency department services, and may also be more impacted by the disruption to services caused by acts of violence and aggression.

While disability is not directly recorded, further investigation and analysis of reported incidents may allow themes and patterns to be identified, and more appropriate and effective interventions to reduce violence and improve patient safety could be implemented. For example there may be ways to make the environment “dementia friendly”, which would also benefit other neurodiverse patients.

The Trust will engage with disabled people and representative organisations as part of the consultation. The Trust is committed to monitoring for any future adverse impact in relation to this proposal.

## **Persons of different marital status**

There is no evidence to suggest that there would be any adverse effect for current services users on the grounds of marital status. The Trust is committed to monitoring for any adverse impact.

## **Persons of different religious belief**

All of the Trust’s services provide a welcoming environment where people from differing religious backgrounds are cared for together and necessary arrangements are made for client to practice his/her religious beliefs. The Trust is committed to ensuring that staff, patients, service users and carers have equality of access to services and feel welcome, comfortable and safe accessing all Trust facilities, irrespective of race, religion or political opinion. This is confirmed by the regionally developed Good Relations statement detailed below.

Working together we will promote good relations between people of different race, religion or political opinion. This means that we:

- Will actively address and challenge racism and sectarianism in all its forms
- Will treat each other fairly, with respect and dignity
- Will make sure our spaces are shared, welcoming and safe.

There is no evidence to suggest that this proposal will have any adverse impact on people from any religious grouping. The Trust is committed to monitoring for any adverse impact.

## **Persons with/without dependents**

People who attend ED for treatment are frequently accompanied by family members or carers and they could also be subject to the impact of incidents of aggression and violence.

As context, 12% of the Trust population are unpaid carers with 22% of the population aged between 44 and 75 years of age spending up to 50 hours a week delivering care giving. 29.02% of households in the Trust area have dependent children (Census 2021).

The Trust is committed to on-going engagement with service users and carers and to monitoring for any adverse impact.

## **Persons of different political opinion**

All of the Trust's services provide a welcoming environment where people from differing religious backgrounds are cared for together and necessary arrangements are made for client to practice his/her religious beliefs. The Trust is committed to ensuring that staff, patients, service users and carers have equality of access to services and feel welcome, comfortable and safe accessing all Trust facilities, including EDs, irrespective of race, religion or political opinion.

This is confirmed by the regionally developed Good Relations statement detailed below:

Working together we will promote good relations between people of different race, religion or political opinion. This means that we:

- Will actively address and challenge racism and sectarianism in all its forms
- Will treat each other fairly, with respect and dignity
- Will make sure our spaces are shared, welcoming and safe.

There is no evidence to suggest that this proposal will have any adverse impact on the grounds of political opinion.

## **Persons of a different racial group**

The Trust is committed to ensuring that its services are accessible to everyone and provides an interpreting service for those whose first language is not English. A bespoke privacy notice has been developed for the BWC pilot. The BWC pilot privacy notice will be made available in a range of formats. Notably, it will be available digitally via scanning QR code on ED signage/posters or in the FAQ/Information leaflet or via access on the Trust website and a hard copy will be available at ED reception. Other formats can be made available on demand. Staff, as part of their training, will be made aware of this and all other supporting resources so they are adequately prepared should members of the public or patients have queries. The Trust has reviewed the requests from service users in general, for interpreters from the Northern Ireland Health and Social Care Interpreting Services (NIHSCIS) over a twelve month period (1 April 2023 – 31 March 2024) which gives

an indication of ethnically diverse users but, of course, will not capture those who are fluent in English or provide an interpreter from outside the NIHSCIS. The top three languages requested within the Northern Trust during 2023/24 were as follows:

Language	Numbers
Polish	4939
Romanian	2753
Arabic	2478

There is no evidence to suggest that this proposal will have any adverse impact on the grounds of racial group.

### **Persons of different sexual orientation**

From Census 2021 information the resident population of the Trust area is 91.2% heterosexual, 1.6% LGBTQ+ and 7.2% chose not to state their sexual orientation. Research would indicate that 10% of the population is lesbian, gay or bisexual. There is no evidence to suggest that this proposal will have an adverse impact on persons of different sexual orientation.

## **Mitigation of Impact on Current Service Users**

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The Trust fully accepts its obligation to take necessary steps to consider policy alternatives and mitigation, as an integral part of the EQIA process, in order to address any potential differential impact on current service users.

The Trust is committed to continually improving the quality of its services. The Trust's options are framed within the context of a number of strategic drivers directing the provision of health and social care in Northern Ireland.

Our priority is to provide the best care possible through a service that meets quality standards. For patients who lack capacity, the Trust will liaise with their nearest relative/next of kin and, where appropriate, assistance sought through independent advocacy services to achieve relevant information being transferred to the patient. Also, plain/simple English versions of the consultation resources will be developed and made available.

For individuals who do not understand verbal or written English or where English is not their first language, information relating to the use of BWC devices within the ED setting can be shared with the assistance of an interpreter at first opportunity to do so.

Listening events during the consultation process will provide the opportunity to learn more about the rationale for the proposed introduction of BWC in the emergency department of Antrim Area Hospital, the steps taken to keep all service users safe, and for people to give feedback.

## Assessment of Impact on Current Staff by Section 75 Equality Groups

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All staff have the right to feel safe from the threat of violence and aggression. The Trust is required to ensure the safety of its staff under the Health and Safety at Work (Northern Ireland) Order 1978 and the Management of Health and Safety at Work Regulations (Northern Ireland) 2000. The Trust is required to assess risks to staff and ensure that adequate control measures are in place. Current risk to staff has been assessed and the Trust wishes to consider the principle of implementing BWC under health and safety legislation as a potential violence reduction control measure.

The Trust remains committed to delivering safe, effective and compassionate services, and considers that the proposed measure is necessary, proportionate, legitimate and justified and would achieve the legitimate aim.

The Trust values and respects staff and commits to keep them informed at every stage. As part of initial preparations, the project group conducted a stakeholder analysis and engagement exercise, including the development of a communication strategy that ensures Trust staff are kept fully informed of any proposed action and developments.

As part of the pre-consultation engagement, members of the project group held a number of discussions with ED staff to listen to and discuss any concerns, fears or misconceptions they might have.

During the course of this consultation, staff will have regular, meaningful and inclusive communication meetings with their managers to discuss plans, influence the planning process and to provide feedback. The Trust will work in partnership with trade unions to assess the impact on staff and to put robust mitigating measures in place. Staff will be kept fully informed throughout the consultative process and in any future recommendation arising from this consultation process.

## Mitigation of Impact on Current Staff

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A communication strategy ensures staff are kept fully informed of any proposed action and developments. Staff will also be invited to regular communication meetings to discuss plans, to influence the planning process and express any concerns. Staff participation will remain voluntary throughout the pilot.

The Trust will ensure that its engagement arrangements adhere to best practise principles governing consultation and are meaningful and inclusive of all staff affected and Trade Unions. Staff will be kept fully informed throughout the consultative process and in any future recommendation arising from this consultation process.

## **Publication of the Results of this Equality Impact Assessment**

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The outcomes of this consultation process will be published and a summary of the feedback received will be posted on the Trust's website and Staffnet (intranet).

## **Monitoring**

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The Trust is committed to monitoring the long-term impact of the use of body-worn camera devices. If implemented, following due consideration and consultation, the Trust would use a range of standards, measures and indicators to offer assurance that the intervention is operating effectively, safely, and in the best interests of patients and staff.

The Trust will give full consideration to the Equality Commission for Northern Ireland's Section 75 Monitoring Guidance and devise measures to ensure that ongoing impacts are regularly assessed against the specific categories.

If, as a result of this monitoring, the Trust finds that the impact of this service reform results in a greater adverse impact than predicted, or if the opportunities arise which would allow for greater equality of opportunity to be promoted, the Trust will make sure that measures are taken to achieve better outcomes for the equality groups.

## **Freedom of Information Act 2000 – Confidentiality of Consultations**

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The Northern Health and Social Care Trust will publish an anonymised summary of the responses received to our consultation process. However, under the Freedom of Information Act (FOIA) 2000, particular responses may be disclosed on request, unless an exemption(s) under the legislation applies.

Under the FOIA anyone has right to request access to information held by public authorities; the Northern Trust is such a public body. Trust decisions in relation to the release of information that the Trust holds are governed by various pieces of legislation, and as such the Trust cannot automatically consider responses received as part of any consultation process as exempt. However, confidentiality issues will be carefully considered before any disclosures are made.

## Our Vision

**We provide compassionate care  
with our community, in our community.**

If you would like to give feedback on  
any of our services please contact:

**Email:** [user.feedback@northerntrust.hscni.net](mailto:user.feedback@northerntrust.hscni.net)

**Telephone:** 028 9442 4655



Northern Health and Social Care Trust



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