Northern Health and Social Care Trust Board Meeting in Public - Cover Sheet

Subject:	Public Consultation on Body Worn Cameras	**Date of Meeting:** 23 January 2025
Prepared By:	Dr Naomi Baldwin PhD, Assistant Director Infection Prevention and Control	
Approved By:	Senior Management Team	
Presented By:	Suzanne Pullins, Director of Nursing, Midwifery & AHPS/Divisional Director Paediatrics, Women's Services & Corporate Support.	

Purpose		
Approval required to proceed with Public Consultation on proposed pilot for use of Body Worn Cameras in Antrim Emergency Department.	**Approval**	✓
	Assurance	
	Update	
	Noting	

Strategic Objectives				
Build Northern Partnerships and Integrate Care	***Continue to improve Outcomes & Experience***	***Deliver value by optimising Resources***	***Nurture our People, Enable our Talent & Build Our Teams***	***Improve population Health & address health & social care inequalities***
			✓	

Risk – please note if links to any principal, corporate or divisional risk		

Committees/groups where this item has been presented before

Senior Management Team

Acronyms

BWC – Body Worn Cameras
CCTV – Closed Circuit Television
ED – Emergency Department

Executive Summary

Violence and aggression is the greatest risk which Trust staff are exposed to with in excess of 1500 incidents recorded in each of the last four years. A significant number of the incidents recorded occur in the Trust's acute hospitals, in particular, areas of high interface with the public such as Emergency Departments (ED).

While staff in the ED are trained or being trained in managing incidents where individuals may become violent or aggressive, there are occasions when experience and expertise are not enough to defuse a situation. In such cases, having a Body Worn Cameras (BWC) would provide additional support and an added layer of safety for them and those in proximity.

The use of BWC has now been widely adopted in other geographical areas of NI in Healthcare. BWC and CCTV share similarities in terms of their assumed causal mechanisms. Both BWC and CCTV are rooted in deterrence theory with their presence expected to convince potential aggressors to desist from engaging in delinquent and challenging aggressive behaviour. In Northern Ireland a growing body of evidence for use in Healthcare has been further enhanced by the recent introduction of BWC by the Northern Ireland Ambulance Service (NIAS) and Southern Health and Social Care Trust (SHSCT).

For these reasons NHSCT, Senior Management Team (SMT) gave approval on 9th Jan 2024 for the BWC Project Team to move to preparation for a 14 week Public Consultation ahead of a 12 week pilot to support staff in dealing with increasing number of incidents of violence and aggression in ED.

The fundamental idea behind introducing BWC is for the camera to act as a deterrent against aggressive behaviour and to provide evidence in cases where incidents have occurred. Most of the time BWCs will be turned off, but on occasions where a participating staff member feels like they need additional support, they can inform the patient that they are turning the camera on and that they're being recorded (such communications will be accompanied by privacy notices, posters and corporate communications ahead of the pilot). Additionally, the Trust will ensure that all communication is provided in accessible formats.

Building on the work that the Trust's Acute Management of Violence and Aggression (MoVA) Task and Finish Group has achieved to date, a further area of improvement has been considered by the group relating to the use of BWC by staff. As highlighted above, NIAS and SHSCT, following Public Consultation, have successfully piloted and adopted the use of BWC. It is apparent there is now a growing interest and necessity within the Northern Trust to progress implementation of a pilot to explore the impact of use of BWC in acute setting such as Emergency Departments.

Current Position

Following approval by NHSCT SMT Plans are in place to undertake a pilot to trial the use of BWC by nursing staff in the Trust ED at Antrim Hospital and thereafter explore the effectiveness of the intervention and its impact on safety culture.

In preparation for a potential pilot, a Trust Group was established in November 2023. This group has now developed the necessary legislative and policy requirements regarding privacy, Data Protection, Freedom of Information, Equality and Human Rights. As part of this, the BWC pilot group have considered existing evidence from other HSC Trust pilots in both NI and rest of UK, tasks required to ensure legislative and policy compliance, available BWC hardware/devices, BWC software, associated financial implications, training and resources and stakeholder engagement. The 12 week pilot proposed is small, comprising of the use of only 12 BWC in dedicated areas (Ambulance Triage, Majors, Ambulatory Emergency Care, Observation Unit), within the ED at Antrim Hospital.

Members of the BWC Pilot group have also been closely engaging with the local NI Trusts (NIAS and SHSCT) who have piloted and adopted use of BWC to glean any learning and known implementation challenges that may need consideration by the Trust during its planning.

We are now in a position to proceed to Trust Board for approval for 14 week Public Consultation.

Preparedness and Considered Risks to the Trust

As part of the work of the BWC Pilot Group, the equality, human rights, data protection and privacy implications of the introduction of BWC devices within an acute setting have required careful consideration. Members of the BWC Pilot Group have developed consultation documents and completed all necessary assessments required by law to minimise risk exposures for the Trust and those it serves.

The BWC group has already begun to engage staff, members of the public as well as interested parties and key stakeholders as follows;

- Project Group Reps delivered an oral overview about the outline pilot proposal at the Engagement Advisory Board (EAB) meeting held on 28/02/24 and thereafter held a question and answer session. Members of the EAB held mixed views, but overall were in support of the introduction of the technology for the reasons detailed i.e. BWC devices could be used as a deterrent to the acts of violence and aggression towards staff, patients and/or others. Members of the EAB raised a number of questions and these informed the development of a FAQ/Information leaflet, which will accompany the Consultation document.
- The Trust engaged early with ED staff and TUS (RCN, UNISON, and BMA) to ascertain initial/early viewpoints and with a recognition that the pilot, for some, could be interpreted as controversial and carrying risk of impacting negatively of the nurse-to-patient relationship. A meeting was held with both band 6 and band 7 Nursing Sisters (on 16/02/24) and then with ED Band 5 Nursing staff (04/04/24) approx. 35 staff in total. On both occasions, the project was received well and the project group Reps were not met with apprehension; staff were welcoming of the pilot viewing it as a signal of support from senior leadership. NIAS Reps attended the latter session and provided a presentation of their BWC pilot "successes". During these discussions with staff, there was opportunity to address initial queries. They also had the opportunity to handle the device currently used by NIAS.
- The Corporate Project Lead, Divisional Governance Lead and CSM for ED met with key internal stakeholders from both within ED and across the division and wider Trust services (on 05/08/24) to provide an update on the pilot. At this event, a presentation was delivered with a Q&A thereafter. No concerns were raised throughout the session.

A pre-pilot survey will be conducted to further gauge staff attitudes and perceptions towards the technology, their level of understanding and to identify any concerns or needs that can be addressed through continued engagement and/or training. This survey will act as a baseline measure, which will be compared with future data collected as part of the evaluation.

Proposed way forward/Approval Request

We are mindful that we are proposing to undertake this consultation during the Easter period. While we recognise that this timing is not ideal, we have a responsibility to ensure that staff safety and quality of care is prioritised. We are committed to hearing your views and to facilitate this we have proposed extension the consultation period to 14 weeks.

It is envisaged that Public Consultation would commence in 23rd January and the 12-week pilot would commence following review of feedback, which would be expected mid-summer 2025.

The Consultation Document is in the Shared Drive and it, and the other relevant papers, will be added to the Trust's website if approval is granted to proceed.