Northern Health and Social Care Trust Board Meeting: Cover Sheet

Subject:	Body Worn Camera Project Group Feedback on Pilot of Body Worn Cameras in Antrim Emergency Department.	**Date of Meeting:** **26TH March 2026**
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Presenting Director:	Ms Gill Murphy Executive Director of Nursing	

Purpose		
Provide Trust Board with an evaluation of the outcomes of the pilot of Body Worn Cameras in Antrim Emergency Department (ED) which commenced in September 2025.	**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***
	✓		✓	

Body of Paper (insert own headings as required)

Following positive Public Consultation, the Northern Health & Social Care Trust (NHSCT) Board gave approval on 26th June 2025 for the BWC Project Team to proceed with a 12-week pilot of Body Worn Cameras in Antrim ED. The pilot commenced in September 2025 and was formally completed in December 2025.

Summary of Public Consultation

There were 114 responses to the Public Consultation.

- 104 (91%) said **YES and were supportive of BWC usage.**
- 7 said **NO** and had some concerns.
- 3 were unsure.

Concerns and queries raised were minimal but were categorised into themes (below). A post consultation document with Trust responses was provided and remains available on NHSCT website.

- Safety Of Staff and Patients
- Privacy
- Camera Use and Data Management
- EQIA

Anticipated Outcomes and Expected Benefits – Pre-Pilot

We anticipated that the introduction of Body Worn Cameras (BWC) would provide support to staff and enhance both awareness and reporting of incidents related to the management of violence and aggression. We also expected that the pilot would contribute positively to staff psychological safety and overall morale.

A key benefit we hoped to observe was the direct influence of BWC on behaviour. Specifically, we expected the presence of the cameras to act as a deterrent to violence and aggression and to assist in the de-escalation of challenging situations within the Emergency Department.

Given the short, 12-week duration of the pilot, we did not expect to see or attempt to measure any immediate reduction in the incidence or severity of violence and aggression towards staff during this period.

Post Pilot Evaluation

Intervention

- Body-worn cameras are wearable audio & video recording devices designed to independently capture events in real-time.
- Pilot formally lasted for 12 weeks (Sep-Dec 25) using 12 BWC devices.
- The cameras were worn by experienced Senior nurses. Participation was voluntary and not mandated.
- Location of the pilot was over 4 areas in Antrim ED: ambulance triage, ambulatory emergency care (AEC)/Nurse triage, Majors and Observation unit.
- Activation of the device is governed by criteria (*aligned to the Regional Management of Violence and Aggression (MOVA) framework*) and BWC Pilot Policy, and is also informed by dynamic risk assessment of the presenting situation, alongside other considerations such as dignity, patient vulnerabilities, mental capacity and some medical conditions.
- Transparency on the use of the device is important; the wearer will announce when recording is activated & deactivated. Posters are also on display around the whole department for public notification and awareness.
- Governance regarding device use and data management was raised as a concern during consultation. Training and information for staff on device functionality and the Trust policy for use and handling of data requests, was provided prior to pilot and during pilot. Activation of devices and data is monitored and audited.
- Data Security was also raised as another concern during consultation. Recorded data is encrypted (AES256) and securely uploaded into a video management system and held in a cloud storage. Data will remain subject to Trust retention and disposal schedules.
- Data Access remains strict, with limited access. Any release is and will be considered on case-by-case basis and is governed by applicable existing Trust policy and legislation.
- The project team continued engagement with key internal and external stakeholder groups during pilot period to fully consider all perspectives and impacts (ED staff, Equality Team, Information Governance, PSNI, Engagement Advisory Board, Public).
- Surveys were undertaken with ED staff, pre pilot and end of pilot.
- There were no serious incidents recorded/reported during pilot period

Staff Feedback

- The consultation and subsequent pilot demonstrated that there is strong staff and public interest and support.
- Staff reported notable positive behaviour change in some patients when staff wearing a camera were present.

- Wearing a camera also appeared to have a positive impact on staff confidence; '*Gives me more confidence in attending challenging patients'.*
- Staff told us they had a sense of recognition and support from the Trust by provision of cameras in response to rising violence and aggression in ED.
- Staff reported that the presence of camera and notification to activate influenced de-escalation of potential violence in certain patients/situations.
- Staff reported that the cameras are easy to use and wear; '*you almost forget they are there'.*
- No harm to patient care or dignity was experienced or reported during pilot period.

What We Learned during pilot

- Initial staff concerns around dignity and care dynamics eased in early pilot phase, through engagement and peer learning with staff confidence growing.
- Voluntary adoption worked better and was received well by staff rather than a mandate of 'staff must use'.
- Some initial Permission/IT issues at pilot set-up; overcome easily.
- Positioning of camera on wearer, despite wide field of view; optimal position for best capture.
- Some staff needed reminders to wear BWC from start of shift in readiness and not try to source when an incident occurs.
- Training, awareness and feedback of incidents needs to be ongoing; training should not be a one-off and must be coupled with MOVA training.
- Leadership and peer support is critical to adoption.
- Extension of BWC usage beyond B6/B7 nursing group was adopted in later stages of pilot; Experienced B5 nurses were keen to adopt use and cascade training applied.

Current position

- Presently the department is in a transitional phase following end of Pilot in December 2025; a grace period was given by supplier for 2 months for Trust to decide on next steps.
- The Trust had a visit by Health Committee on 29th January 2026 to gain further understanding of Pilot Project which resulted in a very positive endorsement of the use of BWC and the structure of Consultation and the pilot project.
- The project team have spoken with other interested Trusts across the region and shared experiences and pilot documentation etc.
- Use of devices continues; approval was given by SMT/Exec Team to proceed to purchase 12 cameras and docking stations currently in use in Antrim ED.

Next steps beyond Pilot

- Scale and extend to CAU ED with further purchase of an additional 12 BWC pending agreement and approval of Trust Board.
- Agreement and decisions regarding future Trust formal operational and corporate oversight, management and assurance regarding body worn cameras.

Conclusion

Episodes of violence and aggression towards staff continue to pose a significant challenge within Emergency Departments, and while Body Worn Cameras (BWCs) are not a standalone solution, the pilot has demonstrated that they are a valuable tool in supporting and influencing safer staff/patient interactions when required.

The initiative generated substantial media interest and public awareness of violence and aggression in healthcare and has provided important learning for the Trust and across the region. In addition, the pilot highlighted strong staff and public support for the use of BWCs, with no reported harm to patient care or dignity, and had a positive impact on staff confidence and de-escalation approaches.

As a result, the anticipated outcomes and expected benefits identified prior to the pilot have been confirmed and reinforced by the findings. Overall, the outcomes and learning from this pilot indicate that BWCs can play a meaningful and constructive role in enhancing safety and supporting staff in managing challenging and potentially volatile situations.