Belfast Health and Social Care Trust
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# EQUALITY IMPACT ASSESSMENT

## *Draft* Equality Impact Assessment (EQIA) in accordance with Section 75 and Schedule 9 of The Northern Ireland Act 1998 relating to the proposal to:

1. To introduce the use of body worn cameras (BWCs) in the Emergency Departments at the Royal Victoria Hospital (RVH) and Mater Hospital (MIH) for a six month pilot

**And**

2. Having evaluated and learnt from the pilot, consider the implementation of body worn cameras (BWCs), in other areas, when appropriate, for the purpose of preventing, reducing and managing violence and aggression against staff.

**Consultation Period**: XX January 2026 to XX April 2026

This document is available in alternative formats on request. Please contact equality.team@belfasttrust.hscni.net or telephone 02895046060

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## Executive Summary

Belfast Health and Social Care Trust is the largest integrated Trust in the UK. Employing more than 20,000 staff we deliver health and social care to the population of Belfast and Castlereagh and across NI through its regional service provision.

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. This is not unique to Belfast Trust and has been recognised across NI and UK. Health and social care is under immense strain which often means people having to wait longer for care and treatment which is frustrating.

In England**, 1 in 7** NHS staff (14.38%) of 750,000 staff experienced physical violence from patients, their relatives or other members of the public in 2024 according to the latest annual 2024 NHS staff survey. In 2023 the NI Department of Health (DoH) reported that between 2018 - 23 there had been over **50,000** attacks on staff.

In Belfast Trust, between October 2024 - March 2025 **2,278** staff reported experiencing violence and abuse whilst working. The staff group most affected were our nursing colleagues. An ED environment is highly pressured, busy and at times unpredictable. Incidents of violence and aggression are marked in this area making our staff's work more challenging. Incidents of violence and aggression adversely affects not only staff's physical and psychological wellbeing but recruitment and retention and can impact the quality of care that can be delivered as staff often need time off work.

Belfast Trust has a **zero tolerance approach** to abusive and violent behaviour and is not willing to let such behaviours go unaddressed. Our staff have the right to feel safe from the threat of violence and aggression and so, in response to this growing and challenging problem, Belfast Trust is proposing to:

- Introduce the availability of using BWCs (when required and appropriate) as part of our Zero Tolerance Policy aligned to the regional HSC MoVA framework.

- Undertake a six-month pilot using BWCs in our two Emergency Departments on the Royal Victoria Hospital (RVH) and the Mater Infirmorum Hospital (MIH) sites – *excluding* the ED in our Children's Hospital.

The **purpose** of this proposal is to help prevent and reduce incidents of violence and aggression towards staff in the workplace and to support the effective management of such incidents when they do occur. Body Worn Cameras will **Deter, De-Escalate** and **Document** acts of aggression and violence more effectively**.** Our response is aligned to our corporate goal of working to ensure that our staff feel valued, respected, feel listened to and will choose to work for our Trust.

This draft EQIA examines the impact of our proposal and details mitigations where an adverse impact is possible in accordance with our NI Act 1998 Section 75 duties and our Human Rights obligations both as an employer and service provider. The purpose of the consultation on this draft Equality Impact Assessment is to ensure that the Trust has considered all potential impacts.

# Section 1: Introduction

## Introduction

This Equality Impact Assessment (EQIA) has been prepared by Belfast Health and Social Care Trust (Belfast Trust) to initially assess the impact of:

- Introducing, when required and appropriate the use of Body Worn Cameras
- A six month pilot regarding the use of Body Worn Cameras in 2 Emergency Departments (RVH and MIH)

Under Section 75 of the Northern Ireland Act 1998 and in keeping with its Equality Scheme, the Trust is statutorily bound to consider the implications of any given 'policy' in relation to equality of opportunity and good relations. Human Rights and disability considerations are also integral to this process.

An Equality Impact Assessment (EQIA) is an in-depth analysis of a proposal to determine the extent of the impact on equality of opportunity for the 9 protected equality categories and the impact on good relations as required by Section 75 of the Northern Ireland Act 1998. The EQIA also considers the impact on disability duties contained in the Discrimination Act 1995 (as amended) and on human rights impacts.

This EQIA was approved by our Executive Team and Trust Board members on 10th December 2025 and 8th January 2026 respectively.

This EQIA should be read in conjunction with the Trust's accompanying consultation documents available on our website at *xxx*

## How to get involved?

We are committed to improving our places of work and the way we provide services and we need your help to do this. We believe that our staff and the people use our services, their families, carers and communities are best placed to tell us what they think of our Body Worn Camera (BWC) proposal and we are keen to involve these groups in the process.

Belfast Trust welcomes any comments, which you may have in terms of this EQIA. Your views are very important to us.

To get involved in our public consultation you can xxx

## Overview of an Equality Impact Assessment (EQIA)

An Equality Impact Assessment (EQIA) is a thorough and systematic analysis of a policy, whether that policy is written or unwritten, formal or informal and is carried out in accordance with the Equality Commission's Guidance for Implementing Section 75 of the NI Act 1998 and its ECNI- PracticalGuidanceEQIA.

An EQIA is deemed necessary where a policy or proposal:

- Is highly relevant to the promotion of equality of opportunity
- Affects a large number of people
- Affects fewer people but where its impact on them is likely to be significant.
- Is strategic or has a significant budget attached
- Requires further assessment to provide an opportunity to examine evidence and develop recommendations.

Whilst an EQIA must address all 9 Section 75 categories, it does not need to afford equal emphasis to each throughout the process – rather the EQIA must be responsive to emerging issues and concentrate on priorities accordingly.

An EQIA should determine the extent of differential impact upon the relevant groups and in turn establish if the impact is adverse. If so, then the public authority must consider alternative policies to better achieve equality of opportunity or measures to mitigate the adverse impact.

This current EQIA follows the 7 separate elements noted below as per the Equality Commission's guide to Statutory Duties:

| Key Stage | Description |
|---|---|
| Key Stage 1 | Defining the aims of the policy |
| Key Stage 2 | Consideration of available data and research |
| Key Stage 3 | Assessment of impacts |
| Key Stage 4 | Consideration of measures that might mitigate any adverse impact and alternative policies which might better achieve the promotion of equality of opportunity |
| Key Stage 5 | Consultation |
| Key Stage 6 | Decision/recommendation by the Public Authority and publication of report on Results of Equality Impact Assessment |
| Key Stage 7 | Monitoring for adverse impact in the future and publication of the results of such monitoring |

## About Belfast Trust

Belfast Trust was established on 1st April 2007 under the Belfast Health and Social Services Trust (Establishment) Order (Northern Ireland) 2006 and was formed from six Legacy Trusts. With an annual budget of approx. £2.3 billion, Belfast Trust is one of the largest health and social care providers in the United Kingdom, serving a population of approximately 340,000 in Greater Belfast whilst also offering specialist and regional to the whole population of Northern Ireland. The Trust oversees a diverse range of facilities and infrastructure to deliver comprehensive healthcare services across Belfast and Northern Ireland. These include:

- Belfast City Hospital
- Knockbracken Healthcare Park
- Mater Infirmorum Hospital
- Muckamore Abbey Hospital
- Musgrave Park Hospital
- Royal Belfast Hospital for Sick Children
- Royal Jubliee Maternity Hospital
- Royal Victoria Hospital
- School of Dentistry
- 7 Health Centres
- 7 Well-being and Treatment centres

Belfast Trust has two Emergency Departments (EDs), situated on two of our hospital sites – Royal Victoria Hospital (RVH) and Mater Infirmorum Hospital (MIH). The RVH ED has a Minor Injuries Unit, a Majors Unit and an Urgent Care Centre. The MIH ED has a Minor Injuries Unit.

## Our Staff

We employ a diverse workforce of over 20,000 staff, including doctors, nurses, allied health professionals (AHPs), social workers, social care staff, administrative personnel, and support staff**.**

**Our Vision** is ‘To be the safest, most effective & compassionate organisation”

**Our Values** underpin everything we do – how we work with each other and how we deliver care and our services. Our values define the overall culture of our organisation and ultimately support our commitment to provide safe, effective, compassionate and person-centred care. Everything we do in the Belfast Trust is about people and for people.

**Our Values** include:

## Our Corporate Priorities

Belfast Trust priorities centre on the following four themed areas

- **Our Population Health**: We will work in partnership across the public, private, voluntary and community sectors to improve the population's health and protect the most vulnerable
- **Our Performance:** We will work to drive down waiting times and improve efficient delivery of high quality care
- **Our People:** We will support our staff to deliver services they can be proud of, and encourage them to be local, national, and international leaders in care, research, and innovation
- **Our Potential:** We will use new technology and research to innovate and deliver new models of care

Belfast Corporate Plan 2025-26 considers our priorities in more detail.

## Statutory Context

Three important areas of law are relevant to this EQIA including:

- Section 75 Northern Ireland (NI) Act 1998
- Disability Discrimination Act 1995 (as amended): (Section 49A)
- Human Rights.

## Section 75: NI Act 1998

Section 75 of the NI 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.

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

For a given policy or proposal the following questions are asked:

- What is the likely impact on equality of opportunity for those affected by this Policy? (major / minor / none)
- Are there opportunities to better promote equality of opportunity?
- To what extent is the Policy likely to impact on good relations?
- Are there opportunities to better promote good relations?

An equality assessment (EQIA) is a policy development tool to assist policy makers and decision makers to take into account the needs and effects of a particular proposal on people within the Section 75 equality groups. It is deemed necessary:

- where the policy is highly relevant to the promotion of equality of opportunity
- where it affects a large number of people where it affects fewer people but where its impact on them is likely to be significant.
- where it is a strategic policy or has a significant budget attached and
- where further assessment provides a valuable opportunity to examine evidence and develop recommendations

Belfast Trust believes it is appropriate to conduct a full EQIA on our proposal in order to fully assess the equality, good relations and human rights implications of our proposal.

## Disability Discrimination Act 1995 (as amended)

Under section 49A of the Disability Discrimination Act 1995 (the DDA 1995'), (as amended by Article 5 of the Disability Discrimination (Northern Ireland) Order 2006), Belfast Trust, when carrying out its functions must have due regard to the need to:

- Promote positive attitudes towards disabled people **and**
- Encourage participation by disabled people in public life.

These '**Disability Duties'** are a recognition of disabled people not having the same opportunities or choices as non-disabled people. Such limitations are often due to the attitudinal and environmental factors (such as the way in which services are designed or delivered), rather than limitations arising from the person's disability.

## Human Rights

The Trust is committed to the protection and promotion of human rights in all aspects of its work. The **Human Rights Act 1998** gives effect in UK law to the **European Convention on Human Rights 1950** and requires legislation to be integrated so far as possible in a way that is compatible with the Convention rights. It also makes it unlawful for a public body to act incompatibly with the Convention rights.

The **Human Rights Act 1998** applies to everyone and is therefore a key source of rights for anyone impacted by our proposal.

Broadly, there are three categories of human rights under the Human Rights Act 1998. These categories are:

- **Absolute rights** – can never be limited or interfered with whatever the circumstances.

- **Limited rights** – can be limited in a number of defined and finite circumstances usually stated in the text of a treaty Article itself.

- **Qualified rights** – interference with a qualified right may only be lawful in certain circumstances. In order to be an acceptable and legal interference with a human right the interference must be:
    - In pursuance of a legitimate aim
    - Necessary in a democratic society
    - Proportionate

The Human Rights Act 1998 imposes a range of obligations on Public Bodies including Belfast Health & Social Care Trust. The obligations include:

- **Respect** – the UK must respect human rights. This means that the UK through its public authorities (including Belfast trust) must not undertake any action that is a violation of someone's rights.

- **Protect** – the UK must protect human rights. This means that the UK must prevent third parties from interfering with anyone's rights. Ensuring that adequate laws and systems are in place means that if those rights are interfered with by a third party, they (the third party) is subject to some form of sanction or censure through criminal or civil law.

- **Fulfil** – the UK must fulfil human rights. This means that the UK must undertake positive action for the betterment of people's rights. This requires a pro-active approach to ensure that the human rights situation in the UK gets even better. For example, a public awareness campaign around domestic violence that educates people about the criminal justice system's robust response to domestic violence. This is an example of the State providing resources for individuals to prevent breaches of rights.

The Human Rights Act provides legal protection for various rights, commonly referred to as "Convention Rights." These rights include (not limited to):

- **Right to Life (Article 2)**: Everyone's right to life is protected by law. This mea ns that public authorities must not take life without justification.

- **Prohibition of Torture (Article 3)**: No one shall be subjected to torture or to inhuman or degrading treatment or punishment.

- **Right to Liberty and Security (Article 5)**: Everyone has the right to liberty and security. This includes protection against arbitrary arrest and detention.

- **Right to a Fair Trial (Article 6)**: Everyone is entitled to a fair and public hearing within a reasonable time by an independent and impartial tribunal.

- **Right to Privacy (Article 8)**: Everyone has the right to respect for their private and family life, home, and correspondence.

- **Freedom of Expression (Article 10)**: Everyone has the right to freedom of expression, which includes the freedom to hold opinions and to receive and impart information and ideas.

- **Freedom of Assembly and Association (Article 11)**: Everyone has the right to peaceful assembly and to freedom of association with others.

- **Prohibition of Discrimination (Article 14)**: The rights and freedoms set forth in the Convention must be secured without discrimination on any ground.

The Trust is cognisant that everyone has the right to enjoy the highest attainable standard of physical and mental health as outlined in **Article 12 International Covenant on Economic, Social and Cultural Rights** 1966 (ICESCR) and that health is a fundamental human right, which is indispensable for the exercise of other rights, meaning that *"violating the right to health may often impair the enjoyment of other rights, such as the rights to education or work, and vice versa."*[1]

In Europe, the revised **European Social Charter** recognises the right to protection of health and the right to social and medical assistance and puts specific emphasis on the protection of vulnerable persons such as elderly people, children, people with disabilities and migrants.

There are specific protections in international human rights law for people with disabilities, most prominently the **UN Convention on the Rights of Persons with Disabilities** 2008 (UNCRPD), which states:

"*The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity*."[2]

The **right to health** is internationally recognised as a fundamental human right. In 1946, the World Health Organisation stated in its constitution "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition." This right was also included in the 1948 Universal Declaration of Human

[1] 'The Right to Health'. OHCHR, WHO, Fact Sheet 31.

[2] Article 1 UNCRPD

Rights and in the 1966 International Covenant on Economic, Social and Cultural Rights.

It is important to note that the Covenant gives both mental health and physical health equal consideration. The right to health contains 'entitlements' including

- The right to prevention, treatment and control of diseases
- Access to essential medicines

Under the ICESCR, the right to health is subject to 'progressive realisation', which means the UK must take steps towards achieving this right to the maximum of its available resources, but recognising that realisation can be hampered by limited resources and may only be achievable over a period of time.

Subsequent international and regional human rights instruments address the right to health in various ways. Some are of general application while others address the human rights of specific groups, such as women or children**.** These include:

- The 1965 International Convention on the Elimination of All Forms of Racial Discrimination: art. 5 (*e*) (iv)
- The 1979 Convention on the Elimination of All Forms of Discrimination against Women: arts. 11 (1) (*f*), 12 and 14 (2) (*b*)
- The 1989 Convention on the Rights of the Child: art. 24
- The 2006 Convention on the Rights of Persons with Disabilities: art. 25.

**Article 25 of the UNCRPD** explicitly references health protections:

***"****States Parties recognize that persons with disabilities have the* ***right to the enjoyment of the highest attainable standard of health*** *without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender- sensitive, including health-related rehabilitation.*
The Trust is also mindful of the need to comply with other relevant international human rights instruments including:

- International Convention on the Elimination of All Forms of Racial Discrimination
- International Covenant on Civil and Political Rights
- Convention on the Elimination of All Forms of Discrimination against Women
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
- Convention on the Rights of the Child
- International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.

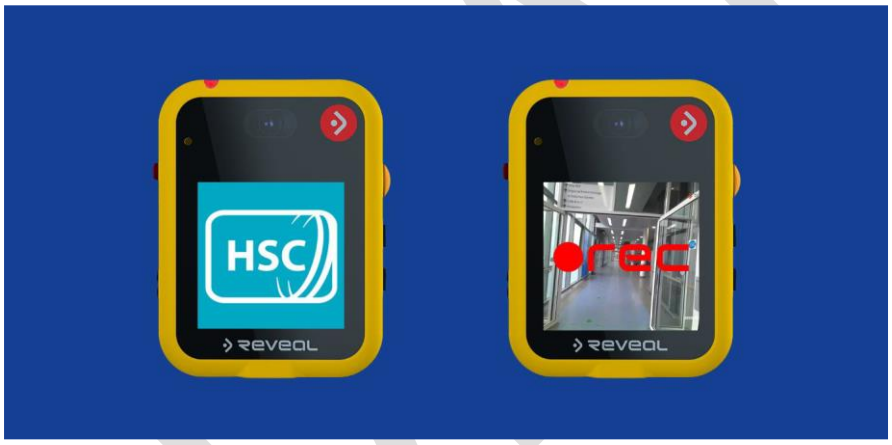
# Section 2: Proposal Details

## Proposal Overview

Belfast Trust proposes to introduce, when needed and approved, the option of wearing BWCs by staff to help prevent, reduce and manage violence and aggression against staff with a six month pilot in the two Emergency Departments. This is a response to the marked rise in acts of violence and aggression against staff over the last number of years and our zero tolerance commitment that abuse and violence has no place in Belfast Trust.

For the **six month pilot** in the two Emergency Departments, staff (clinical and security) who volunteer to wear and use BWCs will support learning and evaluation of the use of BWCs. **Staff participation** in the use of BWCs will be **voluntary.**

BWCs are small, lightweight and visible/overt recording devices attached to the staff member's uniform (usually on the chest). BWCs have an inbuilt microphone and are used to capture both video and audio recordings when the device is activated. BWCs will not be worn or used in a hidden or covert manner. The camera will operate on a 'stand by' 30 second continual loop mode – video only but will only commence full recording only when staff presses the record button.




Those staff wearing body-worn camera devices will only **activate** a recording when there is an incident in which that person or others are being abused, threatened or assaulted in the course of their employment. This applies when staff perceive that there is a risk that violence and aggression occurring and/or when it is actually experienced.

The Health and Safety Executive (HSE) defines work-related violence as*:

*"Any incident, in which a person is abused, threatened or assaulted in circumstances arising out of the course of their employment". This includes, threatening behavior including bullying, intimidation, psychological abuse, harassment, inappropriate use of social media and/or telecommunication and threats with weapons."*

Abuse/Violence against staff can take many forms including:

- **Verbal:** includes the intentional use of inappropriate words or behaviour causing distress including shouting, swearing or insults with racial or sexual intent and intimidation.

- **Physical:** includes the intentional application of force to another person It includes slapping, punching, nipping, biting, kicking, spitting, head butting, stamping or sexualised abuse. It may also include more extreme forms of violence using weapons that are not just restricted to sharp implements, chemicals and firearms.

- **Unintended:** Illnesses and lack of capacity may lead to **unintentional** incidents of verbal and physical violence and aggression. A service user may be responsible for incidents of violence and aggression which are outside of their control, but which lead to the harming of staff. Whilst these incidents may be unintentional, it is vital that staff are supported and protected.

Staff opting to wear BWCs will, if reasonably possible, **alert** those around them when recording is being activated and when recording is deactivated. The reason for the recording will also be noted by the member of staff. Using BWCs is voluntary and only permitted once the member of staff has been **trained** in how to use a BWC and is familiar to Trust Policy and Standard Operating Procedures with regard to BWCs.

As part of the ongoing **communication** to staff, service users, patients, carers , families and visitors about BWCs Belfast Trust will use multiple platforms and very visible signage both online and on site (indoors/outdoors) to ensure that everyone is not only aware of the potential use of BWCs but also why BWCs will be used. This awareness raising will be ongoing, regular, with alternative inclusive formats (eg Translated to Easy Read, British Sign Language and Minority Languages) proactively being used to ensure optimal understanding.

Footage captured by BWCs will be used, stored, managed and released to third parties using robust **Standard Operating Procedures** developed for each service area and in line with legal obligations under **Data Protection** and **Freedom Of Information** legislation. Retention will be in accordance with Trust retention and disposal schedules and legal obligations. Disclosure of information from any of the Trusts BWCs will be controlled and consistent with the purpose(s) for which BWCs were introduced. The method of disclosing information will be secure to ensure that footage are only seen by intended recipients.

Once docked at the end of a shift all recorded footage will be automatically uploaded to a cloud based secure server for 28 days before being automatically deleted. Recorded footage will only be **retained** when an incident has been raised by staff via an internal mechanism known a Datix. Raising an incident via Datix indicates that the recording is needed for evidential purposes.

## BHSCT BWC Proposal aligned to Data Protection Obligations

A **Data Protection Impact Assessment (DPIA)** has been drafted in relation to our proposal and is available as part of the 12 week public consultation. In addition, if (subject to the results of the public consultation and pilot), it is decided that the use of BWCs is permitted in service areas other than the two Emergency Departments the DPIA will be reviewed and updated.

Footage captured by Belfast Trust staff will comply with the requirements of UK-GDPR and the Information Commissioner's Code of Practice.

To summarise, the following **key features** of our BWC proposal demonstrate compliance:

- Trust staff will only activate devices in line with Trust Policy and Standard Operating Procedures. This will ensure that the legitimate purposes and benefits of BWCs are realised and not misused

- The BWC devices are capable of capturing quality images of a sufficient quality to allow individuals to be identified. This will be monitored to ensure that the recordings remain of a high quality ultimately to ensure the purpose of our proposal is achieved.

- Following any activation, data will be docked and automatically downloaded to a cloud server. This will be an integral part of all of our Standard Operating Procedures (SOPs).

- BWC footage will be stored in a way that maintains the integrity of the data. This will ensure the evidential value. Access will be strictly limited.

## Purpose of Our Proposal

The **purpose** of the proposal to introduce BWCs as part of options that may be used in the management of aggression and violence against staff is threefold:

- **To Deter:** The BWC will be as visible as possible so it can't be missed and commands attention to maximise the deterrence value. This will also be achieved though a bright yellow colourway along with a customisable front facing screen that can display a still or flashing graphic.

- **To De-Escalate:** Statistically proven BWCs change behavior (Research undertaken in 2021 by Dr Pedro CL Souza of London Queen Mary University showed that BWCs robustly de-escalated citizen-police interactions. Working paper 581) The Live View with customisable graphic makes it clear and obvious when the camera is recording. Which ensures the camera becomes a de-escalation tool for the wearer.

- **To Document:** Evidence needed is captured as the camera is optimized to capture speech and has a wide-angle lens to capture the full surrounding. In addition, the pre-record buffer (up to 2 minutes) can provide the contextual build up to situations to support both evidence and learnings.

## Proposal Integral to HSC NI MoVA Framework

In response to rising rates of abuse and violence against staff, the Department of Health (DoH) developed a regional violence and aggression framework known as MoVA - the '**Management of Violence and Aggression (MoVA)** framework. Underpinned by health and safety legislation the MoVA framework sets out a commitment to ensuring the prevention, reduction and management of violence and aggression towards health care staff.

When launching the MoVA framework the DoH stated that the purpose of the MoVA framework is:

*"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".*

Belfast Trust is committed to the regional MoVA Framework as part of its zero tolerance policy regarding violence and aggression against staff. We recognise that staff have the right to feel safe from the threat of violence and aggression. Our proposal to permit the use of BWCs, when required, is on the basis of BWCs being the last resort option and for staff is another tool in the MoVA framework.
The Trust is aware that effective communication, risk assessment, prevention planning, service user involvement and learning from incidents and training are essential tools in reducing the risk of aggression and violence against staff.

The MoVA framework notes that there are several interventions (Primary/Secondary/Tertiary) that can prevent or de-escalate a potentially aggressive/threatening situation eg consideration to noise, lighting, crowds, clear exist and privacy. The use of BWCs is another intervention available to staff when faced with violence and aggression and is very much aligned to the NI HSC MoVA framework.

## Rationale for Our Proposal

Our proposal to pilot BWCs in our two Emergency Departments and to permit use of BWCs in other service areas if required is a **proportionate measure** to a concerning trend and is in line with our **legitimate corporate duties and priorities** to ensure our staff feel valued, safe, protected and listened to in work and that our services are delivered in a calm and safe environment.


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 Belfast Trust staff over the last number of years. For example:

In Belfast Trust, over a 5 year period (2019 – 2024) there were **22,503 incidents** of **physical abuse** and **3,785 of verbal abuse.**

| Year | BHSCT |
|---|---|
| 2019/20 | 4463 |
| 2020/21 | 4673 |
| 2021/22 | 4372 |
| 2022/23 | 4673 |
| 2023/24 | 4322 |
| Total | 22503 |

Instances of Physical Abuse against BHSCT staff 2019 - 2024

| Year | BHSCT |
|---|---|
| 2019/20 | 579 |
| 2020/21 | 690 |
| 2021/22 | 838 |
| 2022/23 | 878 |
| 2023/24 | 800 |
| Total | 3785 |

Instances of Verbal Abuse against BHSCT staff 2019 - 2024

Emergency Departments in Belfast Trust — including the Royal Victoria Hospital (RVH) and Mater Infirmorum Hospital (MIH) — face sustained and escalating levels of violence, aggression, and abuse towards staff. These incidents occur against a backdrop of overcrowding, long waits for assessment and admission, and high levels of alcohol and substance-related presentations. Specifically:

- Between Jan 2023 and September 2025 there were **459 recorded incidents** of Violence and Aggression against staff working in the Emergency Departments in Belfast Trust.
- The RVH ED, as the regional major trauma and tertiary centre, records the highest number of violent and aggressive incidents within the Trust.
- Data from internal administrative recording systems show a persistent pattern of verbal abuse, threats, and physical assaults, often directed at triage, nursing, and security staff.
- Under-reporting remains a recognised issue — many staff report that abuse has become "normalised" within daily work.
- The problem extends beyond physical harm, encompassing psychological trauma, burnout, and moral injury among frontline teams.
- **271 antisocial behaviour incidents** (a number involving concerns around drug dealing) were reported in a three-month period in Belfast Trust ED.

It is recognised that the **impact** of violence and aggression towards staff is far reaching for an organisation. 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. The level and quality of care and treatment is also adversely affected not only when an incident happens but beyond - given the physical and psychological impact on staff.

The Trust is committed to staff safety and is constantly working to achieve a reduction in the volume and severity of incidents of violence and aggression towards staff. Interventions adopted by the Trust include, but are not limited to, the provision of safe ways of working, training around the use of communication, risk assessment, de-escalation techniques, prevention planning, service user involvement and learning from incidents.

Whilst not unique to Belfast Trust the rising aggression and violence trend against staff has been recognised across NI and the United Kingdom. The use of BWCs has already been introduced across the UK and is currently used in a number of health care settings in NI, in particular, currently as a pilot in the Northern Health and Social Care Trust and the Western Health and Social Care Trust.

## Legitimate Interests and Benefits Realisation of BWCs

Footage from BWCs 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 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 expected **benefits** of this BWC proposal include:

- Reduction in acts of violence and aggression towards staff in the course of their employment
- Use of digital technology to capture independent evidence to support the apprehension and prosecution of offenders.
- Provision of a tool that staff may use to reduce any actual or perceived risk to their health and safety which will mean improved personal protection and well-being
- Improved patients/carer/visitor experiences and care due to calmer environments and a reduction of incidents.
- Increase in staff psychological safety at work which will improve staff morale and assist staff retention and recruitment.
- Improved staff education.

## Alignment to Surveillance Camera Commissioner Code of Practice

Belfast Trust will implement BWCs in accordance with the Surveillance Camera Commissioner's a code of practice with specific reference to the 12 Guiding Principles noted in the Code.

## Section 3: Consideration of Available Data and Research

Aligned to recommendations and guidance from the NI Equality Commission (ECNI) quantitative and qualitative data from a variety of sources (internally and externally) has been used to inform and shape this EQIA.

Key sources for data include (but not limited to):

ECNI Resources:

- Section 75: A Short Guide to Screening and EQIAs *(pdf)*
- Practical Guidance on Equality Impact Assessment *(pdf, 396Kb)*
- Section 75: Using Evidence in Policy Making - a signposting guide *(pdf)*

- Statement of Key Inequalities, ECNI
- Guidance: Section 75 and Budgets For Public Authorities *(pdf)*

DoH Resources

- Health and Wellbeing 2026: Delivering Together DoH
- DoH: Health Inequalities Sub-Regional Report 2025
- MoVA Framework/Toolkit v2 (March 2022)
- Change or Withdrawal of Services Revised Guidance on Roles and Responsibilities.pdf (DoH) 2023
- DoH Good Management, Good Records (GMGR) 2017

Belfast Trust Guidance

- Belfast Trust: Framework on the Management of Staff affected by Organisational Change and the Staff Redeployment Protocol.
- Belfast Trus Framework on the Employment of People with Disabilities.
- Belfast Trust Corporate Plan 2025-2026
- Belfast Trust Equality Scheme
- Belfast Trust Good Practice Guide- Consultation & Communication 2025
- Belfast Trust Retention and Disposal Schedule
- Belfast Trust CCTV Policy
- Belfast Trust ICT Acceptable Use Policy
- Belfast Trust Security Policy
- Belfast Trust Adverse Incidents Reporting and Management

Miscellaneous Resources:

- Health and Safety at Work (Northern Ireland) Order 1978
- Management of Health and Safety at Work Regulations (NI) 2000
- UK General Data Protection Regulation/ Data Protection Act 2018
- Human Rights Act 1998
- NI Statistics and Research Agency(NISRA) 2021 Census of Population

- ICO Guidance on Video Surveillance (including CCTV)
- Draft updated surveillance camera code of practice (accessible version) - GOV.UK
- Operational Guidance to Support the Implementation of the Mental Capacity Act (NI) 2016 (MCA)
- Deprivation of Liberty Safeguards (DOLS) 2019
- Data Protection Act 2018
- Regulation of Investigatory Powers Act 2000
- RCN position on the use of body worn cameras | Royal College of Nursing
- Protection of Freedoms Act 2012

## Surveillance Camera and Information Commissioners

There are no specific laws or regulations covering the use of body worn cameras, however, a code of practice has been produced by the Surveillance Camera Commissioner and the Information Commissioner. The code of practice aligns with existing legislation such as the Data Protection Act 2018, the Protection of Freedoms Act 2012, the Regulation of Investigatory Powers Act 2000, and the Human Rights Act 1998.

The Code of Practice outlines **12 principles** which involves:

1. Use of a surveillance camera system must always be for a specified purpose which is in pursuit of a legitimate aim and necessary to meet an identified pressing need.
2. The user of a surveillance camera system must take into account its effect on individuals and their privacy, with regular reviews to ensure its use remains justified.
3. There must be as much transparency in the use of a surveillance camera system as possible, including a published contact point for access to information and complaints.
4. There must be clear responsibility and accountability for all surveillance camera system activities including images and information collected, held and used.
5. Clear rules, policies and procedures must be in place before a surveillance camera system is used, and these must be communicated to all who need to comply with them.
6. No more images and information should be stored than that which is strictly required for the stated purpose of a surveillance camera system, and such images and information should be deleted once their purposes have been discharged.
7. Access to retained images and information should be restricted and there must be clearly defined rules on who can gain access and for what purpose such access is granted; the disclosure of images and information should

only take place when it is necessary for such a purpose or for law enforcement purposes.

8. Surveillance camera system operators should consider any approved operational, technical and competency standards relevant to a system and its purpose and work to meet and maintain those standards.
9. Surveillance camera system images and information should be subject to appropriate security measures to safeguard against unauthorised access and use.
10. There should be effective review and audit mechanisms to ensure legal requirements, policies and standards are complied with in practice, and regular reports should be published.
11. When the use of a surveillance camera system is in pursuit of a legitimate aim, and there is a pressing need for its use, it should then be used in the most effective way to support public safety and law enforcement with the aim of processing images and information of evidential value.
12. Any information used to support a surveillance camera system which compares against a reference database for matching purposes should be accurate and kept up to date.

## BWCs and the Royal College of Nursing (RCN)

RCN position on the use of body worn cameras | Royal College of Nursing

RCN position on work related violence in health and social care

Key information/statements from the significant work undertaken by the Royal College of Nursing (RCN) on BWCs include:

- The RCN supports the Health and Safety Executive's definition of work-related violence as any incident in which a person is abused, threatened or assaulted in circumstances relating to their work. This can include verbal abuse or threats as well as physical attacks (HSE 2021).

- Work related violence is a significant occupational hazard for nursing and midwifery staff.

- The RCN's survey of its membership in 2017 found that **over 25%** of all nursing respondents working in the NHS stated they had experienced physical abuse in the previous 12 months. RCN also noted that nursing and midwifery staff with one or more (s75) protected characteristics are more likely to experience work related violence.

- The HSE report that health care professionals and health and social care specialists have a **high risk of assaults**, almost **three times the average risk** across all occupations.

- The **damage done** by workplace violence is not just physical. It can be psychologically debilitating and lead to stress, burn out, anxiety and depression. Such violence can also lead to diminished job satisfaction, lower commitment to work and increasing levels of absence.

- The RCN focuses on the **prevention** of work-related violence as part of an overall strategy to address the health, safety and wellbeing of nursing and midwifery staff.

- The **causes of work-related violence** in health and social care can be complex and multifactorial. For example, perpetrators may be under the influence of drugs or alcohol or may display violent behaviours due to underlying conditions. As a result, it may not be possible to completely eradicate work related violence towards staff but the focus must be on minimising the risk of harm.

- The **use of body worn cameras has been steadily increasing** in health and care settings across the UK as a measure to prevent incidents of violence and aggression occurring.
- The RCN acknowledges the **views of the nursing workforce** re the use of body worn cameras can be emotive, conflicted, and diverse, with concerns around ethics, trust, and the potential impact on ward culture.

- The RCN recognises the limited availability of published evidence on the effectiveness and acceptability of body worn cameras in healthcare settings. Overall, findings indicate that staff felt **psychologically safer and supported** when body worn cameras were being worn and were more likely to have a positive view of body worn cameras following trials of their use. In a Kings College study, patients viewed the use of body worn cameras as a **safeguarding tool**, however some patients felt **hesitant speaking to staff** when the cameras were being worn and others expressed concern about being recorded.

- The actual **number of incidents of violence and abuse may not significantly decrease**, when body worn cameras are used, however the **severity of incidents tended to be less.**

- **Consultation** and **union support** is key to helping employees understand the reasons for implementation and allay fears as to why body worn cameras are

being introduced. For example, one key learning point from the trial in the ambulance service was to reassure staff that they were not being personally monitored.

- **Where a suitable and sufficient risk assessment has identified the use of body worn cameras as a control measure, the RCN's position is to support that decision.** However, any system which introduces the wearing of body worn cameras must ensure legal and ethical compliance requirements are met. This includes the provision of suitable and sufficient information, instruction, and training.

- Employers need to consider the **practical implications** around the wearing of body worn cameras, such as supplying an attachment strap or similar, ensuring additional risks, such as a ligature, are not introduced.

## Data on each Section 75 Equality Group

Equality Data across the 9 protected Section 75 groups for NI and Belfast based on the 2021 NI Census is noted in the following table:

| Section 75 Group | NI Population | Belfast Population |
|---|---|---|
| **Age** | | |
| 0-14 | 19.19% | 18.04% |
| 15-24 | 11.8% | 14.57% |
| 25-34 | 12.74% | 15.47% |
| 35-44 | 13.11% | 13.35% |
| 45-54 | 13.27% | 11.85% |
| 55-64 | 12.73% | 12% |
| 65+ | 17.16% | 14.72% |
| **Carer** | 12.42% | 12.42% |
| **Disability** | | |
| Yes | 24.33% | 26% |
| No | 75.67% | 74% |
| **Gender** | | |
| Female | 50.83% | 51% |
| Male | 49.19% | 49% |
| **Marital Status** | | |
| Single | 49.82% | 38.07% |
| Married | 32.94% | 45.59% |
| Civil P'ship | 0.26% | 0.18% |
| Other | 16.98% | 16.16% |
| **Ethnicity** | | |
| White | 96.55% | 93% |
| BME | 3,45% | 7% |
| **Religion** | | |
| Roman Catholic | 43.46% | 42.31% |
| Protestant | 43.5% | 36% |
| Other/None/NK | 10.8% | 20% |
| **Political Opinion** | Stormont | Council (Blfst/C'Reagh) |
| DUP | 25 | 17 |
| SF | 27 | 24 |
| SDLP | 8 | 6 |
| UUP | 9 | 3 |
| APNI | 17 | 8 |
| Green | 0 | 3 |
| PBP | 1 | 1 |
| IND | 2 | 1 |
| Trad UP | 1 | 2 |
| **Sexual Orientation** | | |
| Straight or heterosexual | 87.1% | 90.04% |
| Gay or lesbian | 2.27% | 1.17% |
| Bisexual | 1.48% | 0.75% |
| Other | 0.32% | 0.17% |
| Not Disclosed | 8.84% | 7.88% |

## Equality Profile of BHSCT Emergency Department (ED) Patients

Section 75 Equality data available on patients attending Belfast Trust Emergency Departments was considered over a **12 month period 24/25.** In addition, a snapshot survey was also undertaken in the RVH and MIH ED's for period **10th – 16th November 2025**. The data collated is noted in the following table:

| **Section 75 Group** | **RVH and MIH ED** 01/09/2024 - 31/08/2025 | **RVH and MIH ED** 10/11/25 – 16/11/25 |
|---|---|---|
| **Age** | | |
| 16-24 | 12% | 12% |
| 25-34 | 18% | 18% |
| 35-44 | 16% | 20% |
| 45-54 | 13% | 20% |
| 55-64 | 14% | 12% |
| 65+ | 26% | 18% |
| **Dependant Status** | Not routinely collated | |
| **Disability** Do you have a disability? | Not routinely collated | Yes 38% No 62% |
| **Ethnicity** | | |
| White | 51% | 91% |
| BME | 5% | 9% |
| Not Known | 43% | |
| **Gender** | | |
| Female | 52% | 58% |
| Male | 48% | 42% |
| **Marital Status** | | |
| Single | 34% | 34% |
| Married | 28% | 55% |
| Not Known /Other | 38% | 11% |
| **Political Opinion** | Not routinely collected | Broadly Nationalist 28%<br>Broadly Unionist 12%<br>Prefer not to say 30%<br>Other 30% |
| **Religion** | | |
| Roman Catholic | 34% | Catholic 46% |
| Presbyterian | 8% | Protestant 31% |
| Church of Ireland | 8% | Other/No Religion 23% |
| Methodist | 3% | |
| Other/No Religion | 44% | |
| **Sexual Orientation** | | |
| Not Disclosed | 97% | Heterosexual 83%<br>Bisexual/Gay/Lesbian 5%<br>Not disclosed/other 12% |

## Key Findings re Patient Section 75 Data

This section outlines our key findings across the nine equality groups outlined in Section 75(1) of the Northern Ireland Act:

- Age
- Dependant Status
- Disability
- Ethnicity
- Gender
- Marital Status
- Political Opinion
- Religion
- Sexual Orientation

### Age

Census 2021 indicates that in NI 63.65% of people are aged between 16 and 64 with 12.16% in the age 65 + age group and in Belfast the respective figures are 67.2% and 18.23% respectively. For the Trust Emergency Department patient population figures are greater for the age 65 plus age group at 26% (24/25).

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. Older people have higher healthcare needs due to chronic conditions. Age NI (Health and Wellbeing in Later Life) stated that "Approximately 80% of older people have at least one chronic condition. Belfast Trust will engage with older people and representative groups as part of the consultation.

Individuals aged 65 and over constitute approximately 17% of the population, numbering around 323,700 people. The ageing population is projected to increase by 25% by 2039, leading to a higher demand for health services.

Our proposal to pilot BWCs does not apply to our Children's Emergency Departments and if there is a proposal to extend it to this rea there will be specific engagement and an equality screening.

### Dependant Status

Dependants, including children, elderly relatives, or individuals with disabilities, significantly affect healthcare access and family dynamics. People who attend Emergency Departments for treatment are frequently accompanied by family members and/or carers.

NI Census 2021 stated that there are approximately 220,000 unpaid carers in Northern Ireland, representing 12% of the population. Carers NI (https://www.carersuk.org) highlighted that "one in eight adults provide care for a family member or friend"

Of the 12% of the population that are unpaid carers the NI Census 2021 noted that 22% of the population aged between 44 and 75 years of age spending up to 50 hours a week

delivering care giving with 29.02% of households in the Trust area have dependent children. Many households are led by caregivers who provide essential support to their dependant

Belfast Trust values and staff are committed to working with Carers through our carers forum, carers co-ordinators and Carers Team. We have a five year Carers Strategy co-produced with Carers. Carers-Strategy.pdf (belfasttrust.local). We are committed to on-going engagement with carers.

Belfast Trust will engage with carers as part of our public consultation.

## Disability

The Disability Discrimination Act 1995 defines a disabled person as a person with "physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities." The Disability Discrimination (Northern Ireland) Order 2006 broadened the definition of disability to cover some Cancer, HIV disease and Multiple Sclerosis. It was further amended by the Autism Act (Northern Ireland) 2011 to cover social interactions and forming social relationships.

People with an underlying health condition and disabilities will often be more frequent users of health and social care services and so will be disproportionately impacted.

NI wide approximately 1 in 4 people have a disability whilst for Belfast this is slightly higher at 26% the Trust patient population is 38% reference the snapshot of patients in November 2025.

Whilst data regarding disability is not routinely collated by Trust Emergency Departments it is reasonable to assume that many people that attend the Emergency Departments have a disability given the nature of service being delivered and the age profile of service users. This is also reasonable to assume given the definition of a disabled person used under the Disability Discrimination Act 1995.directly recorded,

The Trust recognises people with disabilities are likely to access Emergency Department services more. Given that the prevalence of disability increases with age it is likely disabled people will be differentially impacted.

Our proposal involves an six month pilot 12 where there will be robust review and evaluation prior to any further consideration of introducing BWCs to other areas with each extension involving specifi engagement with key stakeholders and an equality screening

The proposal has been considered and is in compliance with data protection obligations. This means that personal data (recordings) will always be:

- Processed lawfully, fairly and in a transparent manner;
- Collected for specified, explicit and legitimate purposes;
- Adequate, relevant and limited to what is necessary;
- Accurate and where necessary, kept up-to-date;
- Kept in a form that permits identification of data subjects for no longer than is necessary for the purposes for which personal data is processed;
- Processed in a manner that ensures appropriate security of the personal data;

Our proposal aims to reduce violence and aggression against staff which will mean a better quality of experience for those that attend the Emergency Department and improved care due to the positive impacts on staff absence, recruitment and retention. In addition, BWCs will not be used in toilets, bedrooms or when someone receiving personal care and public notices in accessible and inclusive formats will be visible across a range of platforms to ensure members of the public including disabled people are in no doubt that BECs will be switched on if there is violence and aggression against staff and others. Reasonable adjustments will be made by staff particularly in terms of communication methods to ensure optimal understanding.

Belfast Trust will engage with disabled people as part of our public consultation.

## Ethnicity

According to the latest 2021 NI Census minority ethnic groups constitute a small yet notable segment of the NI population (3.45%) although for Belfast the figure increases to 7%. Of the patients that attended our two EDs in 24/25 5% were denoted as someone from a minority ethnic group albeit there was a high proportion of not knowns - 43%. Our snap shot of patients using our two EDs in November 2025 indicated that 9% were from minority ethnic groups.

The NI HSC Regional Interpreting Service noted that between Requests 1 July to 30 September 2025 Belfast Trust Area 13122. = 41% of the total for NI. Between 1st July to 30th September 2025 the top 20 requests for interpreters for Belfast Trust are noted in the following table:

| | |
|---|---|
| 1. Arabic | 3116 |
| 2. Polish | 1793 |
| 3. Romanian | 1243 |
| 4. Somali | 1065 |
| 5. Slovak | 743 |
| 6. Mandarin | 698 |
| 7. Cantonese | 563 |
| 8. Portuguese | 460 |
| 9. Lithuanian | 385 |
| 10. Bulgarian | 367 |
| 11. Farsi (Iran) | 260 |
| 12. Hungarian | 228 |
| 13. Bengali | 202 |
| 14. Tigrinya | 195 |
| 15. Tetum | 165 |
| 16. Spanish | 160 |
| 17. Ukrainian | 157 |
| 18. Urdu | 157 |
| 19. Amharic | 155 |
| 20. Russian | 153 |

Between 1 July to 30 September 2025 the top 20 locations per Belfast Trust area regarding requests for interpreters are noted in the following table:

| Department | Requests |
|---|---|
| 1. Royal Maternity Service | 936 |
| 2. Appointments Office | 731 |
| 3. Radiology | 589 |
| 4. Physiotherapy | 585 |
| 5. Kensington Practice | 383 |
| 6. Diabetic Eye Screening | 380 |
| 7. Outpatients | 374 |
| 8. ENT | 258 |
| 9. Mental Health | 231 |
| 10. RVH Appointments | 220 |
| 11. Orthopaedic ICATS | 211 |
| 12. RBHSC | 199 |
| 13. Bridgewater Suite | 192 |
| 14. Ormeau Health Centre | 174 |
| 15. X-Ray | 149 |
| 16. Shankill W&TC | 142 |
| 17. Children & Families | 130 |
| 18. Podiatry | 130 |
| 19. Ophthalmology | 127 |
| 20. 10 North | 121 |

The demographic diversity, in terms of ethnicity, of the NI and Belfast population and Belfast Trust and ED patients is significant and does influence the importance the Trust places on our Good Relations Strategy, the need for cultural awareness and inclusive service provision particularly around communication. As the only Trust of Sanctuary in the UK we are very aware of the need to ensure our services are accessible to refuges and those seeking asylum.

Belfast Trust is committed to delivering culturally competent care and understanding the unique needs of a diverse patient population. We are committed to ensuring that

our services are accessible to everyone and we will provide an interpreting service and translations for those whose first language is not English.

A bespoke privacy notice will be 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/leaflets/Trust website and a hard copy will be available at our ED reception areas. 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 Northern

Belfast Trust will engage with people from ethnic minority groups and their representatives as part of our public consultation.

## 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 differential impact between men and women generally.

## Marital Status

According to the latest NI Census (2021) approximately 50% of the population is married, while 33% are single and for Belfast the corresponding figure is approximately 46% and 38% respectively. In 24/25 Belfast Trust recorded that 34% of ED Patients were married, 28% single and 38% were described as 'Other' albeit in the week long snapshot survey in November 2025 the corresponding figures were 34%, 55% and 11%.

It is not envisaged that our proposal will have a differential impact on the basis of marital status.

## Political Opinion

Data is not routinely collated regarding the political opinion of patients however even when asked in a snapshot of patients in November 2025 30% of people preferred not to disclose their political opinion and 30% indicated that they were neither broadly nationalist or unionist.

All of Belfast 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. We are 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 political opinion.

Belfast Trust has a clear, well defined good relations strategy 'Healthy Relations for A Healthy Future' whereby the corporate commitment to good relations is underlined.

Our services including our Emergency Departments are 'shared spaces' where difference is respected and people are treated with dignity and respect regardless of their political opinion.

It is not envisaged that our proposal will have a differential impact on the basis of political opinion.

## Religion

The population of Northern Ireland consists of 43.5% identifying as Catholic, 43.5% as Protestant and other Christian denominations, and 10.8% with other or no religion. In Belfast the corresponding figures are 42.31%, 36% and 20%. Data relating to the snapshot of our patients who use our two ED services in November 2025 was noted as Catholic 46%, Protestant 31% and Other/No Religion of 23%.

There is nothing to suggest that our proposal will have a differential adverse impact in terms of religion. In line with our Good Relations Strategy we will ensure that all services and all facilities will be welcoming of all patients regardless of their religious affiliation.

Our facilities and services are shared spaces where difference is respected and people are treated with dignity and respect regardless religion.

## Sexual Orientation

Estimates suggest that LGBTQIA+ individuals represent 6-10% of the population, equating to 114,000 to 190,000 people. Data relating to our patients who use our two ED services between 24/25 noted that 97% did not disclose their sexual orientation.

Belfast Trust will engage with representatives of the LGBTQIA+ community as part of our public consultation however it is not envisaged that our proposal will have a differential impact on the basis of sexual orientation.

## Multiple Identities

Generally speaking, people (service users, patients and carers, visitors) can fall into more than one Section 75 category. Taking this into consideration, Belfast Trust recognises that our proposal will potentially impact older disabled people, and carers who are older or who have a disability.

## Equality Profile of BHSCT Emergency Department (ED) Staff

| Section 75 Group | | Quantitative & Qualitative | |
|---|---|---|---|
| | | **Belfast Trust workforce (@January 2023)** | ED Staff affected by the Proposal : Analysis |
| **Age** | 16-24<br>25-34<br>35-44<br>45-54<br>55-64<br>65+ | 6%<br>23%<br>25%<br>23%<br>19%<br>3% | In accordance with the Fair Employment and Treatment (NI) Order 1998, the Trust monitors the composition of the workforce through the use of an equal opportunities monitoring form.<br><br>These forms directly ask individuals to specify which areas apply to them. The completion of these forms is voluntary.<br><br>The affected group of staff working in Royal Hospital (RVH) and the Mater Hospital are significantly younger than the wider Trust with 77 percent under the age of 45.<br><br>There is little else known about the affected group due to the level of non-completion of the equality monitoring forms.<br><br>It would be remiss to comment on the remaining Section 75 equality categories as there is over 50 percent 'Not Known' for the areas of Dependent Status, Disability, Men and Women Generally, Marital Status, Ethnicity, Nationality, Community Background, Religious Belief, Political Opinion, and Sexual Orientation. |
| **Dependant Status** | Dependants<br>No Dependants<br>Not known | 18%<br>24%<br>58% | |
| **Disability** | Yes<br>No<br>Not known | 2%<br>65%<br>33% | |
| **Men and Women generally** | Female<br>Male | 76%<br>24% | |
| **Marital Status** | Married/ Civil P'ship<br>Single<br>Other/<br>Not known | 45%<br>28%<br>27% | |
| **Race**<br>a) Ethnicity | BME<br>White<br>Not Known | 4%<br>68%<br>29% | |
| b) Nationality | GB<br>Irish<br>Northern Irish<br>Other<br>Not known | 20%<br>15%<br>2%<br>1%<br>62% | |

| | | | |
|---|---|---|---|
| **Religion**<br>a) Community Background | Protestant<br>Roman Catholic<br>Neither | 35%<br>45%<br>20% | Whilst completion of employment equality data is not mandatory, as part of our 2025 Good Relations Week celebration HR issued Trust-wide communications to staff highlighting the importance of completing employment equality data and a helpful user guide.<br><br>At new-start induction we now distribute information with a QR code linking new staff to easily complete their employment equality data. In addition, all managers completing mandatory Recruitment and Selection training are reminded of their personal responsibility to ensure completion of this data. |
| b) Religious Belief | Christian<br>Other<br>No religious belief<br>Not known | 30%<br>1%<br>10%<br>59% | |
| **Political Opinion**<br>** 2011 Assembly election* | Broadly Nationalist<br>Broadly Unionist<br>Other<br>Do not wish to answer/ Unknown<br>Not known | 7%<br>6%<br>8%<br><br>78% | |
| **Sexual Orientation** | Opposite sex<br>Same sex or both sexes<br>Do not wish to answer | 43%<br>1%<br><br>56% | |

## BHSCT Emergency Department Activity

Belfast Trust has two Emergency Departments: one on the Mater Hospital (MIH) site and one on the Royal Victoria Hospital (RVH) site. The RVH ED is comprised of a Minor Injuries Unit, an Urgent Care Centre and a Majors Unit. MIH has a minor injuries unit.

When assessing the impact of our proposal on patients/service users and to potentially explain why our ED departments are so pressurised and challenging it is relevant to consider 'activity' across our Emergency Departments including number of people attending ED, the length of wait and discharge.

A target for our EDs (as per NI DoH) notes that '95% of patients attending any emergency department should be either treated and discharged home, or admitted, within four hours of their arrival in the department; and no patient attending any emergency department should wait longer than twelve hours."

According to the Urgent & Emergency Care Waiting Time Statistics for Northern Ireland : (April - June 2025) : Department of Health (DoH):

1. Performance for both the four and twelve hour components of the emergency care waiting times target in June 2025 were as follows.

| Department | 4 Hour Performance | | 12 Hour Performance | | Total Attendances | |
|---|---|---|---|---|---|---|
| | Jun 2024 | Jun 2025 | Jun 2024 | Jun 2025 | Jun 2024 | Jun 2025 |
| Mater | 33.5% | 36.1% | 690 | 494 | 3,394 | 3,563 |
| Royal Victoria | 15.6% | 18.2% | 2,561 | 1,881 | 6,367 | 6,421 |

2. Time spent in an ED by those discharged home June 2025 are noted as follows:

| Department | Median (HH:MM) | | | | 95th Percentile (HH:MM) | | | |
|---|---|---|---|---|---|---|---|---|
| | Jun 2024 | Apr 2025 | May 2025 | Jun 2025 | Jun 2024 | Apr 2025 | May 2025 | Jun 2025 |
| Mater | 5:06 | 4:38 | 4:49 | 4:34 | 17:00 | 14:58 | 15:13 | 14:49 |
| Royal Victoria | 8:40 | 6:48 | 6:51 | 6:54 | 24:13 | 20:04 | 19:55 | 20:00 |

**3.** Attendances at EDs re time spent in ED - from arrival to discharge June 2025

| Department | Under 4 Hours | | | | Between 4 and 12 Hours | | | | Over 12 Hours | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Jun 2024 | Apr 2025 | May 2025 | Jun 2025 | Jun 2024 | Apr 2025 | May 2025 | Jun 2025 | Jun 2024 | Apr 2025 | May 2025 | Jun 2025 |
| Mater | 1,137 | 1,234 | 1,304 | 1,288 | 1,567 | 1,735 | 1,799 | 1,781 | 690 | 571 | 617 | 494 |
| Royal Victoria | 991 | 1,148 | 1,199 | 1,171 | 2,815 | 3,534 | 3,522 | 3,369 | 2,561 | 1,929 | 1,975 | 1,881 |

In addition, data collated by Belfast Trust for the period 5/6/24 to 31/3/25 re attendances and waiting trends were noted by hospital and area of care as follows:

| Emergency Department | Period | Number of pts waiting >12Hrs | Total Attendances |
|---|---|---|---|
| BT RVH MINOR INJURIES UNIT | 5/6/24 - 31/3/25 | 113 | 7095 |
| BT RVH URGENT TREATMENT CENTRE | 5/6/24 - 31/3/25 | 437 | 9423 |
| BT MIH MINOR INJURIES UNIT | 5/6/24 - 31/3/25 | 45 | 3774 |

Since 2022/23 the trend has been an increase in the number of patients waiting more than 12 hours in both hospitals EDs. In 24/25 32% of patients in the RVH waited more than 12 hours whilst in the Mater the corresponding figure was 21% as noted below.

| Emergency Care Department | Year | Number of pts waiting >12Hrs | Total Attendances |
|---|---|---|---|
| **RVH ED** | 2022/2023 | 22334 | 82606 |
| | 2023/2024 | 24120 | 78735 |
| | 2024/2025 | 24900 | 76834 |
| **MIH ED** | 2022/2023 | 4805 | 36448 |
| | 2023/2024 | 6238 | 43239 |
| | 2024/2025 | 8057 | 38029 |

New official statistics published 28/08/2025 by NISRA statisticians in the DoH reveal that there were 68,217 attendances at Emergency Departments in Northern Ireland from April to June 2025. NISRA also noted that:

- Median waiting time for patients to be triaged was **14 minutes** from time of arrival
- Median waiting time from triage to start of treatment was **1 hour 26 minutes**
- **6.5%** of attendances left ED before their treatment was complete
- Median waiting time for patients admitted to hospital was **14 hours 0 minute**
- Median waiting time for patients discharged home was **3 hours 52 minutes**

- **8.4%** of attendances had been referred by a GP
- **44.7%** treated and discharged or admitted within 4 hours.
- **11,131** waited more than 12 hours

## Emergency Departments and Patients with Poor Mental Health

In 2023, the Mental Health Champion for NI (Professor Siobhan O'Neill) stated that, on average, every day, 25 people experiencing emotional distress or mental health problems are presenting at EDs in Belfast Trust and that between January and September 2023 6,580 people attended Belfast Trust Emergency Departments.

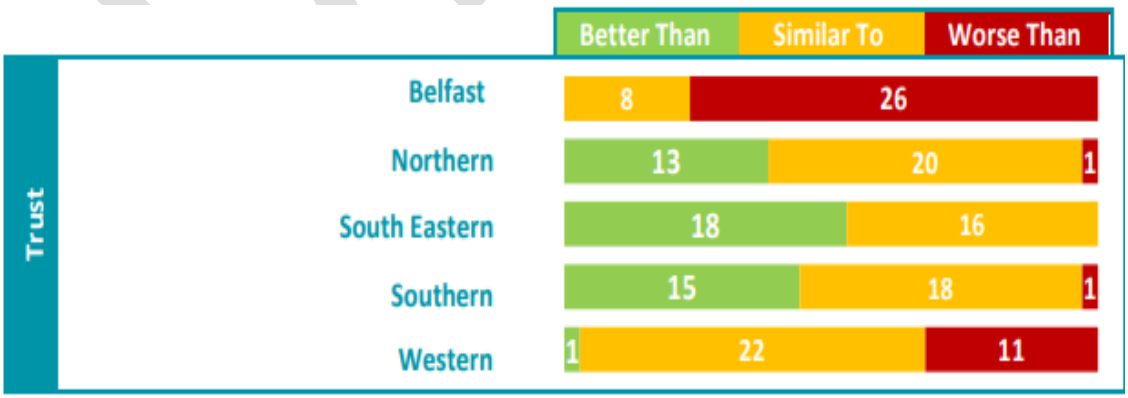
Professor O'Neill noted that EDs are the "wrong environment" for people in emotional or mental distress. She noted that what is needed is a very calm environment where people can receive therapeutic support and follow up support.

## Health and Social Inequalities

While in general the health of people in Northern Ireland has been improving over time, health inequalities persist. Not everyone has had an equal chance of experiencing good health and wellbeing. Too many still die prematurely or live with conditions that could be prevented. This is particularly the case for those who are disadvantaged, leading to a gap in health between those who live in more affluent circumstances and those whose circumstances are deprived. This situation is not unique to Belfast or indeed to Northern Ireland.

According to the Health Inequalities Annual Report 2025 - which presents an analysis of health inequality in NI in terms of the gaps between the most and least deprived areas in NI:

Of the 34 health outcome indicators analysed for Belfast Trust residents, 26 were worse than the NI average, eight were similar to the NI average, and none of the health outcomes analysed were better than the NI average.




- Largest Deprivation Inequality Gaps in each HSC Trust Area are noted. The table below indicates the five largest deprivation inequality gaps in each

Health & Social Care Trust (HSCT) between the Trust's 20% most deprived areas and the Trust average

| | | | | | |
|---|---|---|---|---|---|
| Belfast HSCT | Drug Misuse Death Rate (132%) | Drug Related Death Rate (123%) | Under 75 Respiratory Death Rate (108%) | Drug Related Admissions (105%) | Under 20 Teenage Birth Rate (103%) |
| Northern HSCT | Drug Misuse Death Rate (124%) | Drug Related Death Rate (123%) | Drug Related Admissions (115%) | Smoking during Pregnancy (101%) | Self-Harm Admission Rate (96%) |
| South Eastern HSCT | Under 20 Teenage Birth Rate (109%) | Alcohol Specific Death Rate (109%) | Drug Misuse Death Rate (105%) | Drug Related Admission Rate (99%) | Smoking during Pregnancy (99%) |
| Southern HSCT | Alcohol Specific Death Rate (102%) | Drug Related Admission Rate (97%) | Alcohol Related Admission Rate (96%) | Under 20 Teenage Birth Rate (95%) | Smoking During Pregnancy (82%) |
| Western HSCT | Drug Misuse Death Rate (130%) | Drug Related Death Rate (115%) | Alcohol Related Admission Rate (112%) | Under 20 Teenage Birth Rate (107%) | Alcohol Specific Death Rate (107%) |

## Largest Inequality Gaps within Belfast Trust

Across the 34 health outcome indicators analysed, the majority of outcomes were significantly worse for those residing in the 20% most deprived areas of Belfast Trust when compared with the Belfast Trust average.

Exceptions include deaths due to suicide, deaths due to covid-19, babies born small for gestational age, and primary 1 & year 8 overweight and/or affected by obesity, where differences were not statistically significant.

In addition, rates were higher in the 20% most deprived areas of Belfast Trust for all 19 service-based indicators when compared with the Belfast Trust average. The largest inequality gaps observed in the latest year were:

| | | | | |
|---|---|---|---|---|
| Drug Misuse Death Rate (132%) | Drug Related Death Rate (123%) | Under 75 Respiratory Death Rate (108%) | Drug Related Admissions (105%) | Under 20 Teenage Birth Rate (103%) |

**This is a summary of findings only. For a full assessment and all figures, including service-based indicators, see downloadable tables at:**
https://www.health-ni.gov.uk/articles/health-inequalities-statistics

## PHA

- **Inequalities in health and wellbeing: working together for change**
- **Guide 4: Promoting health and wellbeing in black and minority ethnic**

### (BME) groups, including Travellers and migrant workers

Health and social care is fundamental to people's quality of life and general well being. A number of factors can contribute to health inequalities including socio-economic and environmental circumstances; lifestyle and health behaviour; and access to effective health and social care.

The conditions in which people are born, grow, live, work and age can lead to health inequalities – the unfair and avoidable differences in health status.

BME communities have strong cultural beliefs and practices, many of which promote health and wellbeing, such as breastfeeding, a strong emphasis on traditional family meals and close social networks. However, some health issues and risk factors for disease and ill health are more prevalent in certain nationalities and cultures. For example:

- Diabetes is more prevalent in Asian and black ethnic groups (12.4% and 8.4% respectively) compared to Northern Ireland population (5.4%); •
- Life expectancy for Travellers is around 20% lower, with only 10% of Travellers aged over 40 and only 1% over 65; •
- Lithuania has the highest rate of suicide in Europe; Northern Ireland has the highest proportion of Lithuanians resident in the region per head of population compared with the rest of the United Kingdom;

## Section 4: Consultation

A BWCs Steering Group was established to draft and develop our proposal. Membership included staff from the Emergency Department and Trade Unions with representatives from other relevant teams across the Trust. We also developed our proposal with insights and support from colleagues across the NI HSC sector who have already introduced body worn cameras e.g. Northern Health and Social Care Trust and the Northern Ireland Ambulance Service.

To help shape our proposal and prior to a public consultation, Belfast Trust engaged inclusively and constructively with key internal and external stakeholders between April and July 2025. Online and in-person engagement sessions with staff, Trade Unions, carers and members of the pubic (via our Involvement Network) were organised to help develop our proposal, to listen to any concerns and to seek opinions.

We specifically invited Emergency Department staff including clinical and security staff to a range of meetings, briefings and workshops. Staff helped us consider and address their queries, concerns, fears and misconceptions relating to how and why body-worn cameras would be used.

Feedback from the extensive engagement undertaken was generally positive with staff welcoming the additional support, which wearing body worn cameras would bring. Clarity around the specifications for use, viewing of footage, data storage and staff training along with step-by-step procedure / instructions were frequently

requested. Staff advised that they need to have clarity around when a BWC may be switched on and how that footage will be used. Stakeholders indicated that there needs to be extensive communication/awareness raising to advise patient, carers and visitors that body worn cameras may be used and why. Many staff indicated that the use of body worn cameras must not be used to discipline staff and several staff asked that BWCs should be used in wards across the Trust in the future.

In addition to the online and in person meetings and workshops with staff a questionnaire was developed and shared with security staff to capture feedback and opinions about our proposal. 71% of respondents felt that BWCs would be of benefit and those that did not cited personal safety and the possibility of making the situation worse as relevant factors.

We proactively engaged with a range of Commissioners and met with the NI Human Rights Commission, NI Mental Health Champion and the Information Commissioner's Office.

In line with the Trust's Involvement and Consultation Scheme, an involvement plan will be developed to invite stakeholders to share their views on the proposal to pilot Body Worn Cameras (BWCs) in Emergency Department (ED) settings. This builds on engagement undertaken during the pre-consultation phase. Please refer to Section 7 for more details of our public consultation.

## Section 5: Consideration of Adverse Impacts

The purpose of this section is to look at any potential adverse impacts of our proposal in relation to our Equality, Good Relations, Human Rights, Disability Duties and Health & Social Inequalities

This draft Equality Impact Assessment will be subject to a 12 week public consultation to ensure that we have considered all potential impacts.

The scope of this assessment focuses on the Equality Impact of introducing body worn cameras to our two adult Emergency Departments on the RVH and MIH sites.

The scope of the impact of this EQIA is related to potential impact on the following groups of people:

- Patients and their families and carers
- Potential future patients and their families and carers
- Trust staff

### Equality Screening Outcomes

The Trust is cognisant of the NI Equality Commission's S75 advice on screening and equality impact assessments, wherein it recommends that an EQIA is likely to be necessary when a proposal:

- Is highly relevant to the promotion of equality of opportunity

- Affects a large number of people
- Affects fewer people but where the impact on them is likely to be significant.
- Is strategic
- Has a significant budget attached
- Further assessment would provide a valuable opportunity to examine evidence and develop recommendations

Our proposal has the potential to affect a large number of people, is highly relevant to equality and human rights which are inextricable linked and will benefit from further consideration during a public consultation to ensure all potential impacts and mitigations are realised.

## Assessment of Impact on Patients /Service Users/Carers

Given the nature of the service that is being provided it is not unusual or unreasonable to conclude that there is a differential impact in terms of age, disability and dependant status. There is also a differential impact in terms of ethnicity related to the health inequalities experienced by BME and Traveller communities. It is proposed that this differential is positive given the aim and purpose of the BWCs proposal, the extensive engagement with members of the public to help shape our proposal and compliance with our human rights and surveillance and data protection obligations as noted previously and as outlined in our DPIA.

Data suggests that there is a differential impact on people from black and minority ethnic communities. Vulnerable migrants, including refugees and asylum seekers, have high levels of complex mental and physical health needs, but previous research shows they have difficulty accessing healthcare. This means they often present to the Emergency Department (ED) as their first point of contact for health care.

As a Trust of Sanctuary, we are committed to addressing the health needs of our ever increasing diverse communities. We will continue to work in partnership with the community and voluntary sector to understand and meet the needs of our diverse population and will access the NI HSC Interpreting Service to book in person and online services to ensure patients and their families better understand, make informed choices and consent in our ED units.

A number of factors can contribute to health inequalities including socio-economic and environmental circumstances and access to effective health and social care.

The Equality Commission notes that Roma, Traveller, Black and minority ethnic (BME) and newcomer communities face a wide range of problems linked to health inequality. Poor life expectancy, high rates of infant mortality and high rates of suicide persist within the Traveller community. Difficulties accessing services, and a lack of cultural awareness by some healthcare staff also continues to impact on some BME groups. The Commission also points to low levels of registration with GPs amongst certain groups, lack of information about services and the negative attitudes of some service providers as areas in need of improvement.

## Assessment of Impact on Disability Duties

There is nothing to suggest that this proposal will have any adverse impact on our Disability Duties to:

- encourage disabled people to participate in public life and
- promote positive attitudes towards disabled people

The Trust is committed to ensuring equality of opportunity for all service users and staff in terms of disability and complies with the Disability Discrimination Act 1995, the United Nations Convention on the Rights of people with disabilities, the Human Rights Act 1998 and Section 75 of the Northern Ireland Act 1998.

The Trust has a clear, well-defined 5 year **Disability Action Plan** co-produced with people and organisations with lived experience and overseen by our Disability Committee and Involvement Steering Group.

The Trust has a statutory duty to make **reasonable adjustments** in respect of disabled patients/service users/carers/visitors. This includes making all communication (in person, by phone, via email) and any information provided (in writing, verbally) accessible using alternative formats as required. Accessible/ Alternative formats can include, for example, information translated into Easy Read format or into Audio format - when a patient/service user/carer/visitor has a learning disability or is visually impaired.

Disability Awareness and Mandatory Equality, Good Relations and Human Rights training is available for staff to access. The Trust has also produced a suite of guidance for enhancing access to services and information. These are all available on the Intranet and include Toolkits for staff regarding Accessible Information and Resources to help staff Book Sign Language Interpreters.

Belfast Trust is committed to monitoring for any adverse impact.

## Assessment of Impact on Good Relations

There is nothing to suggest that this proposal will have any adverse impact in the promotion of Good Relations. The Trust has a clear, well defined Good Relations strategy **'Healthy Relations for A Healthy Future** 3' whereby the corporate commitment to good relations is underlined.

The Trust will ensure that all services and all facilities will be welcoming of all service users regardless of their religious affiliation, political opinion and / or racial group. Our facilities including our EDs are shared spaces where difference is respected, and people are treated with dignity and respect regardless of their race/ethnicity/ religion or 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, irrespective of race, religion or political opinion.

Appropriate and inclusive means of communication will be used to contact and communicate with patients, their families and carers who do not speak English as their first language. An interpreter will be booked and/or letters translated using established protocols within the Trust as appropriate.

As the first **Trust of Sanctuary** in the UK, we are committed to addressing the health needs of our ever increasing diverse communities. We will continue to work in partnership with the community and voluntary sector and our service users to understand and meet the needs of our diverse population.

Our commitment is confirmed by the regionally developed **HSC 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.*

Belfast Trust is committed to monitoring for any adverse impact.

## Assessment of Impact on Human Rights

The Human Rights Act outlines 16 fundamental rights which everyone has by virtue of being human. Three rights are most relevant to the use of BWCs in health and social care. These are:

- The right to respect for private and family life, home and correspondence (Article 8)
- The right to be free from torture and inhuman and degrading treatment (Article 3)
- The right to be free from discrimination (Article 14)

**Article 8** of the **Human Rights Act 1998** *may* be engaged as a result of our proposal given that it relates to the Right to Privacy. Article 8 states that:

- *Everyone has the right to respect for his private and family life, his home and his correspondence.*

However, Article 8 is a **non-absolute or qualified right** which means 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. The Human Rights Act 1998 states that with regard to Article 8 that:

- *There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, 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.*

Whilst there is *potential* to interfere with Article 8 of the Human Rights Act 1998 the Trust believes that such interference is **proportionate, within reason, necessary** and will meet a **legitimate aim.** The following is noted:

- **Legitimate Proposal Aim:** The purpose of using body worn cameras is to deter, de-escalate and document acts of violence and aggression against staff and others. Through improved management staff will be better protected, staff recruitment and retention will improve, absences will reduce, morale will improve and care will be delivered in a calmer environment all of which will enhance patient experiences and outcomes.

- **Lawful Aim:** Our legitimate policy aim is lawful based on the health, safety and well being of staff and others.

- **Proportionality:**

  - **Defined BWC Usage**: Use of BWCs is permitted when there is an incident in which a member of staff or others are being abused, threatened or assaulted in the course of their employment. This applies when staff perceive that there is a risk that violence and aggression occurring and/or when it is actually experienced. Our Standing Operating Procedures will not involve applying blanket rules but will allow for professional judgement and dynamic decision making to manage risk and avoid or minimise harm.
  - **Limited Usage**: BWCs will not be used covertly and will not be used when personal care is being given, when a person is in a state of undress. Dignity and respect are core principles that underly the use of BWCs in Belfast Trust. Our proposal has been drafted based on a less restrictive approach by only switching recording equipment on when activation criteria is met.

**Article 3** of the **Human Rights Act 1998** which states that everyone has the right to be:

- *Free from torture and inhuman and degrading treatment.*

This right protects us against serious physical or mental harm from a public body or their staff, whether that harm is intentional or not. The right to be free from inhuman and degrading treatment is an **absolute right** which means any treatment which is inhuman and degrading is not lawful.

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

However, training will be provided to staff who volunteer to use BWCs and this training will include considerations of privacy, data protection and human rights and operational protocols regarding the legitimate use of the devices. Body-worn cameras will not be used in toilets, bedrooms or when someone is receiving personal care.

In addition, privacy notices, posters, leaflets and online notifications will be made to alert patients and families and anyone entering an area where a BWC may be used that they may be deployed and the reason why. Multiple platforms will be used including Trust websites, notice boards, information packs and local media to maximise transparency and awareness.

Alternative formats will be proactively produced to ensure optimal understanding e.g. production of leaflets and posters in various languages, in sign language and in easy read. The Trust privacy notice and pilot documents will set out our rationale for use including our legitimate aims and defined and limited use.

In addition, given that BWC devices are a form of surveillance, Belfast 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 our proposal.

The Trust has also given consideration to DoL/Mental Capacity issues and consulted relevant team and our Lead in this regard. Belfast Trust recognises that 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 one or many existing diagnosis(s).

## Less Restrictive Option

Even if a decision to restrict the Article 8 right is lawful and for a legitimate aim, all possible alternatives have to be considered to check that this is the least restrictive option. This is very relevant also to ensure Article 3 rights are not engaged.

Less restrictive alternatives to using cameras or other recording equipment might include: Enabling someone to ask for help when they need it, for example with the use of a call bell or Staff checking on someone in person as often as required.

In some cases, using BWCs may be the least restrictive option. However, the need for BWCs should be regularly reviewed to make sure it remains the least restrictive option available.

BWC documentation clearly sets out the legitimate aims for the introduction of BWC devices and training and going forward if appropriate the Standard Operating Procedures will also embrace this principle/value 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.

**Article 14** of the **Human Rights Act 1998** prohibits discrimination in relation to the enjoyment of the rights set out in the Human Rights Act and states that:

*"The enjoyment of the rights and freedoms set forth in this Convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status."*

This right means that we should all be able to enjoy our human rights in the same way, without discrimination

Applying blanket rules about using BWCs in a health or social care setting without thinking about the impact on individuals could interfere with Article 14 rights.

However, our proposal to introduce BWCs is as an integral part of the MoVA framework which is based on the least restrictive option and based around professional judgement, risk assessment and dynamic decision making. This means that our proposal does not involve applying blanket rules or making assumptions about people (bearing in mind Article 14).

Belfast Trust strives to ensure that respect for human rights is part of its day-to-day work and is incorporated and reflected as an integral part of its actions and decision-making process. Aligned to our **Trust HSC Values** of delivering Compassionate Care and Excellence we will keep human rights considerations and relevant legislation and judicial reviews at the core of any decisions or considerations.

## Assessment of Impact on Staff

It is not known if there is a differential impact on staff affected by this proposal due to the level of non-completion of the equality monitoring forms and the high levels of 'Not Known' responses in those that have been completed (over 50 %) in areas of Dependent Status, Disability, Men and Women Generally, Marital Status, Ethnicity, Nationality, Community Background, Religious Belief, Political Opinion, and Sexual Orientation.

However, given the purpose and aims of the proposal i.e. to **Deter, De-escalate and Document** violence and aggression against staff and others and the fact that use of BWCs by staff is **voluntary,** it is reasonable to state that the **impact on staff** will be **positive.** The significant engagement with potentially affected staff confirms this assertion. Please refer to Appendix 1 for details of our Engagement Report and Analysis.

When organisational / policy change is necessary, regardless of whether it is a permanent or temporary change, the Trust is committed to treating staff fairly and equitably. Staff can be assured that any change process will be managed and they will be involved. As part of developing this proposal significant engagement with staff was undertaken to help shape the proposal, to listen to concerns and address any queries. Again please refer to Appendix 1 for details of our Engagement Report and Analysis.

As part of the 12 week public consultation further engagement with staff is planned. This includes giving staff the opportunity to further discuss any impacts resulting from this proposal.

## Section 6: Consideration of Measures to Mitigate Adverse Impacts

In line with the NI Equality Commission's (ECNI) practical guidance on equality impact assessment, the Trust is duty bound in this EQIA to consider mitigating factors which will minimise the *potential adverse* equality impact on those that come within the scope of this assessment. The mitigating measures outlined will also address the Trust's Disability Duties and Human Rights obligations. Mitigating Factors have been documented throughout this EQIA and can be summarised as follows:

- To undertake and evaluate a 6 month pilot in the first instance.
- Lawful and Legitimate Proposal Aims : To Deter, De-Escalate and Document Violence and Aggression against staff and others
- Defined Activation Criteria related to actual and perceived violence and aggression against staff and others
- Body-worn cameras will not be used in toilets, bedrooms or when someone is receiving personal care.
- Defined Benefits including reduced violence, increased well-being, enhanced care, reduced absenteeism and more prosecutions with court appearances
- Proportionality: Part of MoVA with Least Restrictive Approach an integral part
- Use of BWCs by staff is Voluntary
- Extensive Staff Training
- Extensive public notices I accessible and inclusive formats
- Extensive Engagement to support the development of the proposal including with staff, service users, carers, Trade Unions. NI Human Rights Commission and Trust Mental Capacity Lead, NI Mental Health Champion and other Trusts

(NHSCT / NI Ambulance Service). Please refer to Appendix 2 for more details.

- Robust and Compliant Data Protection and Surveillance Protocols relating to the recording, storage, retention, sharing and management of any footage.

The Trust has produced this preliminary Equality Impact Assessment paper on the basis of the information available at present and will readily consider any further mitigation presented in the consultation.

The Trust will keep under review the potential for any adverse impact on good relations and disability duties with regard to this proposal and will seek to manage these in line with its agreed communication strategies and established networks/for a e.g. Healthy Relations and the Disability Committees.

## Section 7: Formal Consultation

The Trust has a statutory duty to involve and consult with service users, carers and the public in planning and delivering health and social care. In line with the Trust's Involvement and Consultation Scheme, an involvement plan will be developed to invite stakeholders to share their views on the proposal to pilot Body Worn Cameras (BWCs) in Emergency Department (ED) settings. This builds on engagement undertaken during the pre-consultation phase.

A minimum **12-week consultation** period will be undertaken in line with best practice. Consultation information will be published on the NI Government platform Citizen Space and linked to the Trust website via the 'Involving you' page with QR code for easy access. Internally, information will be shared via the staff intranet (the LOOP).
A range of communication methods will be undertaken to raise awareness and encourage participation, including staff case studies highlighting experiences of violence, aggression and abuse.
The involvement plan is informed by stakeholder analysis, identifying key groups for engagement:

- **Internal:** Belfast Trust staff working in Emergency Departments and across the Trust, Trade Unions
- **External:** Commissioners (Information, Equality and Human Rights), service users, carers, advocacy groups, community and voluntary sector, statutory agencies (PSNI, NIAS), political representatives, and media

Engagement methods during the consultation will include:

- Staff briefings for team meetings
- Public engagement sessions promoted via the Trust Involvement Network, Patient Client Council (PCC), NICVA etc
- Briefing papers for political representatives

- Dedicated stakeholder meetings with external organisations, including NIAS and PSNI

Our public consultation is an important part of Belfast Trust assessing the legitimate, necessary aim of our proposal and to ensure that our proposal is a proportionate response to unacceptable levels of violence against our staff. Our consultation will seek to identify any concerns and modify our proposal to ensure we introduce and use body worn cameras in an effective and respectful way.

## Section 8: Publication of the Results of this Equality Impact Assessment

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

## Section 9: Monitoring

In keeping with the Equality Commission's guidance, the Trust will put in place a strategy to monitor the impact of this proposal on the relevant groups.

If as a result of this monitoring, the Trust finds that the impact of this proposal 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.

## Appendix 1:

**Appendix 1:**

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

The Belfast 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 Belfast 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.