Belfast Health and Social Care Trust

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Outcome Report regarding the Public Consultation and Equality Impact Assessment on:

1. Our proposal to introduce the use of **body worn cameras** (BWCs) in the Adult **Emergency Departments** (EDs) 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.

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Incorporating Equality Impact Assessment Stage 6: Decision by a Public Authority and Publication of Report on Results of Equality Impact Assessment

Belfast Health and Social Care Trust would like to **acknowledge and thank** all the organisations and individuals including staff, service users, Trade Unions, carers and members of the TILII (Telling It Like It Is) group who contributed to this consultation.

Working together Excellence Openness & Honesty Compassion

HSC Values

We are committed to this consultation being **inclusive and accessible.** This report is available in **alternative formats** on request. Please contact the Planning and Equality Team on equality.team@belfasttrust.hscni.net or telephone 02895046060.

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1. Executive Summary

Belfast Health and Social Care Trust (BHSCT) undertook a 13 week public consultation from 23rd January 2026 to 17th April 2026 on the proposal to:

- Introduce the use of body worn cameras (BWCs) in the Adult Emergency Departments at the Royal Victoria Hospital (RVH) and Mater Hospital (MIH) for a six-month pilot…

  <u>and</u>

- 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.

We are proposing the use of BWCs to help reduce the unacceptable levels of violence and aggression towards staff and to make our hospitals and services safer for everyone. Our aim is to deter, de-escalate and document abusive behaviour and to create a safer environment for staff, patients, service users, carers and visitors. The purpose of our proposal to introduce BWCs is exclusively related to the management of aggression and violence against staff and others.

Whilst it is acknowledged that in the provision of health and social care services there is an increased risk of violence and aggression, this does not mean that it is acceptable. The introduction and use of BWCs is part of our commitment to staff safety and reducing the volume and severity of incidents of violence and aggression towards staff.

Protecting and supporting staff is the framework upon which our BWC proposal is based especially those disproportionately affected by violence (e.g. nursing staff, often female and frontline) and is aligned with the NI Executive Office's Strategic Framework to End Violence Against Women and Girls.

A total of 326 people (65% BHSCT staff) provided feedback to the thirteen week public consultation. Overall, there was strong support for the BWC proposal with the majority agreeing that staff need protected and need to feel safe and that a calmer more respectful environment is needed and will benefit everyone. Approx 90% of respondents agreed with our proposal and 70% with our draft EQIA. Support though was conditional with many comments relating to the need for clear defined conditions of activation, need for good governance, staff training and clear accessible public notices and communication. Concerns regarding privacy, usage when the patient lacks capacity were raised together with some feedback that BWCs will help but are not a complete solution to violence and aggression due to system wide issues eg alcohol and substance misuse with the need for more security staff also recommended to provide real time support. The need for a robust and public evaluation of the pilot to show that BWCs do make a difference was recommended prior to any rollout across other services.

The proposal to pilot BWCs with clinical and security staff in our two adult EDs, with staff participation being voluntary will be guided by robust guidance, training, and data governance arrangements to ensure the stated legitimate interests in our DPIA are realised. Depending on the pilot evaluation, BWCs will then be considered as part of a wider approach to support staff and others safety, improve incident recording, and help manage incidents. Contrary to some feedback/comments, using BWCs in other locations is not automatic but will require unique local engagement with key stakeholders, an updated DPIA and Equality Screening prior to introduction and subject to the evaluation of the six month pilot in the two EDs.

In terms of our proposal, BWCs will always be used in a proportionate way for a legitimate purpose. They will only be used by trained staff who volunteer to wear them, and will be activated during incidents where abuse, threats or assault are occurring or likely to occur. Cameras will be overt, never hidden, and will not be used during personal care or intimate treatment. Public and Privacy Notices in alternative formats and multiple languages will be clearly displayed to explain that BWCs may be used and why. Where possible the member of staff will alert those around them that they are activating a camera and the reason why. Footage will be securely stored and automatically deleted after 28 days unless needed for an incident investigation.

A full Data Protection Impact Assessment (DPIA) and draft Equality Impact Assessment (EQIA) were drafted in respect of the proposal. Equality, Good Relations and Human Rights not only informed our decision-making regarding BWCs but were an integral and conscious part of the re-formulation of our proposal and way forward following consultation. The proposed way forward therefore is a proportionate response to the feedback received (including any impact detailed) during the consultation creating not only legitimacy but a very transparent and accountable approach.

Our BWC proposal underlines our commitment to all our staff having the right to feel safe from the threat of violence and aggression at work. It is also aligned to the principle of 'least restrictive practice' within the NI Health and Social Care (HSC) Framework regarding the Management of Violence and Aggression (MoVA) against staff. Our proposal is one of many interventions and will form part of a MoVA Toolkit for staff to manage risks associated with violence and aggression. Other interventions adopted by staff include, but are not limited to, the use of communication, risk assessment, provision of de-escalation training, prevention planning, service user involvement and learning from incidents.

In addition, decisions regarding the use of BWCs will be aligned to the NI HSC Values to deliver compassionate dignified care in safe and welcoming spaces. A human rights-based approach will be paramount with the FREDA (Freedom, Respect, Equality, Dignity and Autonomy) values at the heart of all that we do and say in the pursuit of staff and others safety.

The purpose of the 13-week public consultation was to gather views and feedback from staff, service users, carers, partner organisations and the wider public. Feedback received has been used to inform the proposed six-month pilot and any future rollout particularly around implementation. We plan to carefully introduce BWCs to our two adult EDs for a six-month pilot and have identified a range of safeguards (activation criteria) and principles that we are committed to including the human rights values of 'FREDA' and MoVA's 'least restrictive option' approach. We will also undertake a robust evaluation which we will make public.

This outcome report details the consultation methodology undertaken, provides an overview of responses per data sources and a thematic analysis of the feedback provided. The report also outlines the proposed way forward by Belfast Trust taking into account the feedback received. In the interests of mainstreaming, accessibility and user-friendliness this outcome report is a summary of both the consultation and EQIA responses to the proposal.

The report was tabled for approval at Trust Board on 25th June 2026. The Trust Board agreed with the recommendation that a pilot of BWCs will commence in our two adult EDs for six months and that the evaluation will be made public. IN addition, it was agreed that further use of BWCs will always only occur subject to the pilot and local governance e.g. engagement/equality screening and data protection updates.

2. Introduction

Rationale for our proposal

Belfast Health and Social Care Trust (the Trust) undertook a 13-week public consultation (**23 January to 17 April 2026)** on the proposal to introduce Body Worn Cameras (BWCs) within Adult Emergency Departments (EDs) at the Royal Victoria Hospital and Mater Hospital and then subject to the pilot and local governance stipulations to consider introducing the use of BWCs across the Trust as appropriate.

The purpose of our proposal is exclusively related to the management of aggression and violence against staff and others and aims:

- **To Deter aggression & violence:** Each BWC will be as visible as possible so they can't be missed to maximise the deterrence value. Each will have a bright yellow colourway, with a customisable front facing screen that can display a still or flashing graphic.

- **To De-escalate aggression & violence:** Evidence indicates that BWCs influences behaviour and reduces the severity of incidences and enhances psychological safety.

- **To Document aggression & violence:** Evidence captured includes speech with the use of a wide-angle lens to capture the full surrounding. In addition, the pre-record buffer can provide the contextual build up.

Mindful of our duty to provide a safe and secure working environment for staff, our proposal is a response to the marked rise in acts of violence and aggression against staff over the last number of years and is aligned to our zero-tolerance commitment that abuse and violence has no place in Belfast Trust.

The proposal has also been developed in recognition that the impact of violence and aggression towards staff is far reaching, in that it can lead to reduced performance, both individually and at team level, low morale, poor employee relationships, high levels of absence, difficulty in recruiting and retaining staff, and negative publicity. It also adversely impacts the service user/patient/carer experience and outcomes. In particular, the Trust acknowledges that Emergency Department environments are highly pressured, busy, and at times unpredictable which means that incidents of violence and aggression make caring for patients more difficult.

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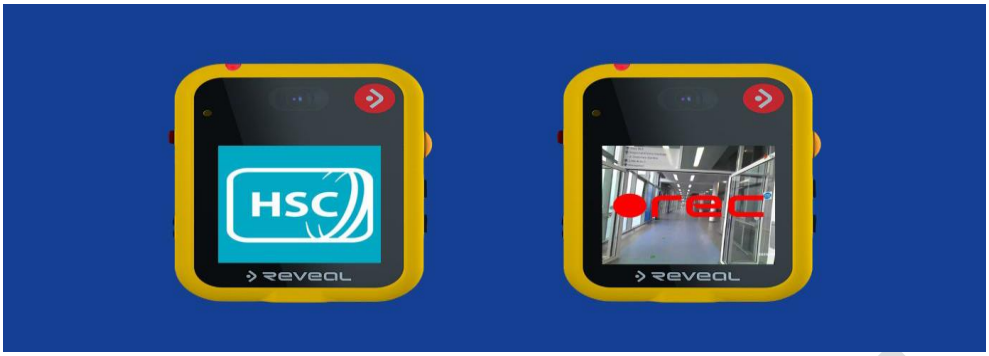
Key Features of our Body Worn Cameras Proposal



Details of our proposal and a draft EQIA and DPIA were shared during the consultation period together with an easy read version of the proposal. Key features of the proposal include:

- For a six-month pilot in the two adult Emergency Departments in Belfast Trust (RVH/Mater), staff (clinical and security) will have the option to voluntarily wear and use BWCs.

- BWC devices will be clearly visible on staff uniforms and will have a front-facing screen. When recording the devices will emit a solid red light.

- Learning and evaluation following the pilot will determine if BWCs will be continued to be used in EDs and also if the option of use is available to other service areas.

- BWCs will only be used in Belfast Trust as part of the management of aggression and violence against staff and others. The NI Health and Safety Executive's (HSE) definition of aggression and violence in the workplace will be used in the activation criteria. It states that:

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

  The definition includes both Verbal Abuse e.g. shouting, swearing or behaviour causing distress including shouting, swearing or insults with racial or sexual intent and intimidation and Physical Violence e.g. 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.

- Using BWCs is voluntary and <u>only</u> permitted once the member of staff has been trained in how to use a BWC and is familiar with Trust Policy and Standard Operating Procedures with regard to BWCs.

- Staff wearing BWCs will <u>only</u> activate a recording when there is an incident or a threat of an incident in which that member of staff or others are or are likely to be abused, threatened or assaulted. This means that BWCs can be used when staff perceive that there is a risk of violence and aggression occurring and/or when it is actually experienced.

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- Staff will not be permitted to use a BWC if the recording risks adversely impacting the safety, dignity and/or on-going care of any person. This means that BWCs will not be used in situations where personal care and intimate treatment/care is occurring. They will not be used in toilets, bedrooms or when someone is receiving personal care

- The decision to activate a BWC will be taken as part of dynamic decision-making process with the risks being assessed on an individual case to case basis. Central to this decision making will be the wellbeing and safety of staff and others and the need to not to use if personal care is being delivered and when the recording could adversely impact a person's dignity.

- Staff opting to wear BWCs will, if reasonably possible, alert those around them when and why recording is being activated and when recording is deactivated. The camera will not commence full recording until staff presses the record button.

- 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. Awareness raising will be ongoing, regular, with alternative inclusive formats used (e.g., Translated to Easy Read, British Sign Language and Minority Languages) used to ensure optimal understanding.

- Footage captured 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 e.g. data protection and human rights.

- 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 as Datix. Raising an incident via Datix indicates that the recording is needed for evidential purposes.

- The original version of the video cannot be edited by anyone, including system administrators. Redacted copies of the video to blur out people/objects, remove audio and/or narrow the video to relevant sections/length can be created by authorised users only, who will be selected senior managers with training. The original version of the video will remain unchanged.

Finally, to support the drafting of a **Data Protection Impact Assessment** a **Legitimate Interests Assessment** was also completed as part of the work to consider our BWC proposal. Legitimate interests identified in terms of our BWC proposal included:

- 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.

3. Public Consultation

Consultation Process

In line with the Trust's Involvement and Consultation Scheme and our legal duties, a formal consultation plan was developed to invite stakeholders to share their views on our BWC proposal.

This formal consultation plan built on the significant engagement undertaken during the pre-consultation phase. During the pre-consultation phase an extensive range of engagement sessions with the public (including service users and carers) and staff and trade unions were held in addition to a staff survey with Security staff which resulted in over 120 people being involved in shaping our proposal.

Targeted meetings and discussions with key stakeholders such as the Information Commissioner's Office, the NI Human Rights Commission, NI Mental Health Champion and other NI HSC colleagues (NI Ambulance Service (NIAS) were held to gain insight into lessons learned and guidance with regard to data protection, privacy rights and issues around capacity and consent.

Internally our BWC proposal was developed by our BWC Steering Group (staff and trade union membership) with approval from our Executive team and Trust Board in January 2026.

To develop a formal public consultation plan, a stakeholder analysis was developed and used to identify the following key groups:

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

This analysis ensured that key internal and external stakeholders were made aware of our proposal and were provided an opportunity to get involved ultimately to ensure that the formal public consultation was meaningful and effective.

To support the public consultation a consultation paper was drafted together with a draft EQIA and DPIA. The paper and EQIA were summarised and translated into Easy Read by TILII Translates. Tailored Information Briefings (staff, external stakeholders), a FAQ and Newsletter articles were also created.

An extensive and varied range of consultation methodologies developed by the BWC steering group were used to ensure optimal dissemination of consultation documents. Consultees were encouraged to get involved and provide feedback. Consultees were also advised how to get alternative formats of documents. Consultation methodologies used by Belfast Trust included:

- Publication of consultation materials on public online platform Citizen Space
- Multiple staff notices via the Trust intranet (The Loop)
- Briefings shared at staff team meetings

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- Targeted circulation of consultation materials via staff email
- Targeted staff briefings e.g. community navigators
- Dissemination via existing Trust forums e.g. Disability Committee and Healthy Relations Committee
- Publication of consultation documents on Belfast Trust website homepage.
- Development and dissemination of tailored information briefings for external stakeholders including political representatives, ECNI and NIHRC
- Targeted communication with public and community networks/databases including:
    - Emails to the Trust Involvement Network (individual service users, carers and community and voluntary sector partners).
    - Emails to the S75 Equality Database (>450 organisations including MLAs, Community and Voluntary Organisations, Ethnic Minority Groups, Professional Bodies, Trade Unions)
    - Communication via Trust partners, including the Patient and Client Council (PCC) and Policing and Community Safety Partnerships (PCSPs).
    - Promotion via the Engage and Community NI websites.
- 3 Engagement Sessions (Face to Face & Online)

Consultation Responses: Overview

This section provides an **overview** of the consultation findings relating to views on the proposal to pilot the use of body-worn cameras (BWCs) in two Emergency Departments, as well as views on the potential extension of BWCs to other service areas, subject to the evaluation of the pilot.

The findings presented in this section draw on a range of data sources, which are summarised in Table 1 below.

Table 1: Overview of Consultation Responses

Methodology	Number of consultees	Comments
Written Response	48	5-page written response TILII (Telling It Like It Is) members facilitated by ARC NI staff (adults with a learning disability)
Group Sessions x 3	19	F2f / Online sessions involving staff, carers and members of the public
Citizenspace	259	Public online platform 65% responses from Belfast Trust Staff
TOTAL	**326**	

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Summary of Key Messages

The section begins with an overview of the **key messages** to emerge from the consultation findings. It then presents a summary of the key messages emerging from each data source, including the Citizen Space responses, the written submission from TILII, and the engagement sessions with staff and members of the public.

The section concludes with a high-level thematic analysis, drawing together the main themes identified across all sources

Overall level of support

Overall, feedback across all data sources showed **strong support for the proposal**. Analysis of the online responses indicates that 92% supported the introduction of body-worn cameras (BWCs) in Emergency Departments, with a similar proportion (91%) supporting the potential for wider use across services, subject to the outcomes of the pilot.

Reasons for support

Support was often expressed clearly and explicitly, with many respondents stating that they themselves have experienced/witnessed violence and aggression as a member of staff or a service user/carer in Belfast Trust and that the proposal is **necessary and overdue** given current conditions. Some suggested that BWCs are a way to increase confidence, improve support, and provide evidence when incidents do occur. Learning from the Northern Ireland Ambulance Service (NIAS) was also highlighted with potential benefits including reduced court attendance and lower psychological burden for staff were noted by many respondents.

Disagreement with the proposal

A small number (<10%) of respondents **did not support the proposal**. This was mainly due to concerns around privacy, uncertainty about effectiveness, or the belief that alternative measures e.g. more security should be prioritised. A few consultees did not support the proposal based on an incorrect understanding of the aim and purpose of the proposal namely that BWCs were being introduced to monitor staff.

Views on potential wider rollout

Some respondents gave a **welcome but cautious response** to the expansion of BWCS beyond the Emergency Departments with comments around the need for evidence, strong governance and underlying issues still needing addressed and concerns regarding the suitability of use in other settings, including mental health services and community services. There was also, for some a misunderstanding that the rollout to other services would be automatic subject to the pilot in the Emergency Departments.

Many respondents also highlighted some important concerns and suggestions that will inform implementation. For example, some concerns regarding the wider use of BWCs were noted including how they can be used when a service user has mental ill health or lacks capacity.

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TILII's Written Response

TILII submitted a 5-page written response via email. ARC NI supports the TILII (Telling It Like It Is) group. The group is made up of people with a learning disability, autism, and other support needs from the Belfast, Western, and South Eastern Trust areas. TILII also includes people living in Muckamore Abbey Hospital and people moving back into the community. TILII members speak up for their rights and share their real-life experiences.

All 48 TILII members who took part in this consultation agreed with Plan A to test cameras in Emergency Departments first. They stated this is the right approach, it allows learning, and improvement. TILII also agreed with Plan B to use cameras in other services, but only if the testing shows that cameras are safe, fair, and actually make a difference.

TILII members believe body worn cameras could:

- Stop some people from being aggressive
- Calm situations down before they get worse
- Show clearly what happened
- Help make hospitals safer for everyone

Responses via Citizenspace

259 written responses were received through the CitizenSpace platform.

Consultees were asked the following questions

1. Which Sector do you work for or represent?
2. Do you agree with the Trust's plan to pilot the use of body-worn cameras in our two adult Emergency Departments (RVH & Mater Hospital) to help deter, de-escalate and document violence and aggression against staff and others?
3. Do you agree with the Trust's proposal to use body-worn cameras for the purpose of preventing, reducing and managing violence and aggression against staff in all services when appropriate and subject to the findings of the six-month pilot in our Emergency Departments?
4. A draft Equality Impact Assessment has been completed for this proposal. Do you agree with the outcome of this assessment?
5. Please detail the reasons for your answers and any other comments you may have.

Respondents widely agreed that action is needed to address violence and aggression. BWCs were seen as a reasonable and proportionate step. Many described the pilot as necessary to protect staff although there was recognition that BWCs are one part of a wider solution

In terms of the questions posed on Citizenspace feedback included:

- 92% of respondents indicated that they agreed with the Trust's plan to use BWCs in the two ED

- 91% of respondents indicated that they agreed with the Trust's plan to rollout the use of BWCs across the Trust when appropriate and subject to the pilot learning and local considerations.
- 70% of respondents indicated that they agreed with the outcome of the EQIA.

Specific feedback supporting the proposal via Citizenspace included:

"Trust workers have been put in uncomfortable sometimes violent and dangerous situations the body cams would deter this and staff safer."
"It will make people think twice before they are verbally aggressive to other staff members."
"Vital to ensuring both the safety of staff and patients."
"I firmly believe this is necessary. I work in the Belfast Trust and I am physically and verbally abused on a weekly basis by patients and relatives. I understand that patients and relatives can be frustrated with the service / carers stress but there is no need for the level of abuse I receive in this day and age of 2026 it is ridiculous."
"Our staff deserve to be protected whilst doing their job. If even some of the aggressive clients are deterred from lashing out because they are aware that they are being recorded the initiative will be worth it."
"I would hope that BWCs would act as a deterrent and de-escalate situations that may develop in the EDs in RVH and Mater hospital. It may also provide some reassurance for staff working in EDs. EDs are very much a front line for first responders and BWCs work well for police services. Training for staff will be essential."
"I wish to support all the Medical /Hospital staff who work under hard enough conditions in the current climate and should not be subject to abuse by anyone in their line of work."
"Staff r working so hard n always under pressure it is awful they av to deal with the public being so rude in voice n actions"
"I think BWC would be in the best interests of the staff of the Trust."
"I don't know how much BWCs themselves are likely to deter violence, but the documentation of Incidents would be invaluable, and I think the increased likelihood of conviction is more likely to deter."
"It is essential to protect our amazing health care staff. "If police get body cameras, so should nurses!"
"We need to keep staff safe, that is paramount. there is increasing violence and bad behaviour towards staff which in turns impacts staff morale. this will be one step towards building staff back up again and feeling safe and able to do their jobs to the best of their ability in an already pressured environment."
"Experiencing aggression, whether verbal or physical, is not only distressing in the moment but has lasting effects on my wellbeing, confidence, and ability to perform my duties safely and effectively. BWC's can help deter abusive behaviour, ensure incident reports are accurately recorded and backed up to support staff who are placed in difficult or unsafe situations."

Staff and Public Engagement Sessions - Feedback

Nineteen people took part in three in person group sessions online and face to face organised by Belfast Trust during the consultation period. A breakdown of attendance is provided in the table below.

Table 2: BWC Engagement Sessions

Stakeholder	Date	Time	Location	No. attended
Public event	Wednesday 17th February 2026	6:30-8:30pm	Microsoft Teams meeting	7
Staff event	Friday 6th March 2026	1:30-3:30pm	Microsoft Teams meeting	10
Public event	Wednesday 15th April 2026	2:00-4:00pm	Arches Wellbeing and Treatment Centre, 4 Westminster Avenue North, Belfast, BT4 INS	2
			Total	**19**

Feedback from both staff and public engagement sessions indicated strong overall support for the proposal to pilot body-worn cameras (BWCs) in Emergency Departments, with participants broadly recognising the rationale in the context of increasing violence and aggression. Many viewed the proposal as a necessary and timely response and highlighted the potential of BWCs to improve staff confidence, provide reassurance that incidents will be accurately recorded, and reduce the burden associated with follow-up processes such as court attendance. However, it was also widely acknowledged that BWCs would need to form part of a wider, system-based approach, rather than acting as a standalone solution. A small number of participants expressed reservations, primarily relating to value for money, questions about effectiveness, and whether investment should instead focus on increasing staffing and reducing service pressures.

Across the sessions, participants identified a number of key considerations for implementation. These included the importance of transparency and clear communication with the public about when and how BWCs are used, and the need for accessible, inclusive approaches—particularly for people with mental health needs, learning disabilities, or additional communication requirements. Participants also emphasised the importance of robust governance arrangements, including clear policies on activation, use of footage, and audit processes to maintain trust and prevent misuse.

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4. Summary Thematic Analysis of Consultation Responses

1. Support and Concern for protecting Staff Safety and Wellbeing

Support for the proposal for many was based on the shared belief that current conditions are unsafe and unacceptable and that staff need to be protected. The overwhelming majority of respondents supported BWCs because currently staff safety is a serious and growing concern. The most consistent message across responses was the need to improve staff safety. Respondents noted that BWCs would provide reassurance and confidence for staff and contribute to a safer working environment.

Many described violence and abuse as routine:

- "Staff are subjected to violence and aggression on a daily basis."
- "I am physically and verbally abused on a weekly basis."
- "Violence and aggression… has reached an unacceptable level."

There was a widely held view from the majority of respondents that no staff member should experience abuse as part of their role, with a strong moral framing that staff should not have to tolerate this:

- "No member of staff should have to endure violence and aggression of any kind."
- "Staff are here to help people… and should never be expected to put up with people abusing them."
- "Too often I have known co-workers to be vulnerable"
- "Far too many staff are being assaulted every year"

Several respondents highlight the emotional impact (including stress, anxiety and reduced morale) of violence and aggression in the workplace.

- "Experiencing aggression… has lasting effects on my wellbeing, confidence, and ability to perform my duties."
- "I constantly feel unsafe at work… and deal with stress about going to work."

Many respondents described regular exposure to verbal and physical abuse, threats and assault. Staff respondents in particular emphasised feeling unsafe and unsupported at work.

- "Don't feel safe in work at times. It can be frightening at times."

2. Effective Deterrents and Valuable Evidence

Many consultees indicated that they believe BWCs would act as a deterrent to unacceptable behaviour and prevent incidents of violence and abuse. Feedback regularly reflected a view that individuals may "think twice" before acting aggressively if the recording is visible. A visible camera was noted could help de-escalate some situations and contribute to a calmer environment.

Some respondents noted that BWCs would not eliminate violence entirely but could still reduce its severity or frequency. However, the importance of objective evidence emerged as a key theme as the recordings would provide clear, factual records of incidents, help resolve complaints more

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quickly and assist police and legal processes where required. Finally, a few respondents also noted that recorded footage could protect staff from false allegations and improve transparency, accountability and staff behaviour.

- "Use of body worn footage may make people rethink their reactions."
- "I think people would think twice about their aggressive actions if BWC's were present."
- "It will make people think twice before they are verbally aggressive."
- "Anything that is a deterrent is a positive thing."
- "If even some of the aggressive clients are deterred… the initiative will be worth it."
- "Will not eradicate violence and aggression totally."
- "Unlikely to immediately be a form of security in an escalated situation."
- "protect staff from false complaints"
- "will help to support staff with actual events that happened"

3. Changing Behaviour and Relationships

Consultees indicated that there is evidence of aggressive/violent behaviour particularly in the Emergency Departments:

- "people… have started to become agitated towards staff"
- "those on drugs or drunk terrorise the staff and other patients"

Several suggested that BWCs are likely to not only improve relationships between Staff and patients and interactions between patients but that having BWCs will reduce conflict, encourage respectful behaviour and overall improve safety in ED environments

Specifically, consultees noted that BWCs would:

- "help create a more respectful atmosphere"
- "would contribute to a safer and more secure environment for everyone"
- "patients, visitors, and staff alike"
- "may make people rethink their reactions"

A few consultees felt that BWCs could increase distrust and "it impinges staff trust" felt that BWCs felt punitive and/or surveillance-led with some indicating that BWCs may result in an escalation of the situation and "possibility making the situation worse".

4. Recognition of Wider System Pressures

A number of consultees noted that whilst they agreed that body worn cameras are a useful deterrent they are not a complete solution to the violence and aggression experienced by Belfast Trust staff in the workplace particularly in the Emergency Departments.

Many respondents placed the proposal in the context of wider challenges facing Emergency Departments. Key issues raised included:

- Long waiting times
- Overcrowding

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- Alcohol and substance misuse
- Mental health presentations

There was clear agreement that BWCs will not address underlying pressures. There was broad agreement that these factors contribute to frustration and aggression and that BWCs alone will **not address root causes.** Some respondents suggested that improvements in **staffing, service capacity, and security presence** are equally important. Some respondents emphasised that BWCs should sit alongside wider system improvements.

A small number of respondents questioned whether BWCs are the **most effective solution** arguing that BWCs are reactive rather than preventative and whilst they support BWCs proposal they were concerned that BWCs will not fully address the risk of violence in real time. One consultee articulated a view that "Body worn cameras will not prevent attacks… more security staff… more important".

Common points raised included:

- More visible security staff may be more effective
- Improved enforcement of existing "zero tolerance" policies is needed
- Addressing waiting times and service pressures should be prioritised
- Using resources to increase staffing and improve services

5. Pilot Outcomes, Practical Implementation and Scope of Use Concerns

Support for Body Worn Cameras for some respondents was explicitly conditional with some stakeholders emphasising that acceptability depends on clear limits and defined purpose. Key expectations included use only in high-risk situations, no routine activation, and clear evidence from the Emergency Department pilot before any wider implementation. Trade unions and staff respondents stressed that Body Worn Cameras must be a staff safety tool, not a performance management or surveillance mechanism. There was also strong support for publishing pilot findings and outcomes. Some noted that evidence on reducing incidents is mixed and should be carefully evaluated during the pilot.

Similar to the issues raised during the engagement process feedback from staff was largely positive, though staff asked for clear rules, strong communication, reassurance around how footage will be used, and training.

Staff highlighted the importance of practical implementation with key asks being:

- Need for clear guidance on when to activate BWCs
- Accessible and flexible training approaches
- Ensuring consistent use across staff

A "train the trainer" model was suggested to support rollout.

Respondents also stressed the need for clear and accessible communication with the public and different formats should be used to ensure the signage and communications are accessible for all groups in society. There was clear agreement that communication should focus on:

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- Explaining why BWCs are being introduced
- Reassuring patients and carers when they can be and cannot be used

6. Privacy, Dignity and Vulnerable People

Consultation feedback highlighted concern about vulnerable patients and the issue of privacy whilst also recognising that increased safety and a calmer environment would be beneficial to very vulnerable relatives. Consultee feedback included:

- "How would it work with vulnerable patients who are very mentally unwell or paranoid?"
- "use of cameras feels like a potential uncomfortable invasion of patients privacy"
- "Object to wearing a device… breach of personal privacy"
- "extreme measure"
- "anything that can be done to reduce this risk is a positive step"
- "very vulnerable time for patients and their loved ones"

The response from TILII also highlighted similar concerns, particularly regarding the importance of recognising the unique circumstances of people with disabilities and the potential impact of BWCs. Their key concerns and suggestions for implementation are summarised in the box below.

TILII Response: **Appendix 1**

TILII members believed that safety is important for everyone. However TILII also stated that

"But we are also clear, cameras must never be used in a way that is unfair.

The Trust must make sure that:

- People with a disability are not targeted more than others
- Reasonable adjustments are always made
- People are properly supported before situations reach crisis point

Good support and understanding must always come first, not just recording behaviour.

What Matters to TILII Members

While we support the plans, there are important things the Trust must get right.

- People must always be told when a camera is turned on
- Cameras must never be used in private situations like personal care
- Information must be clear, simple, and available in Easy Read
- People with a learning disability or autism may feel worried, anxious, or confused about cameras
- Staff must be properly trained to use cameras in the right way and at the right time
- Privacy, dignity, and respect must always come first "

Equality Considerations

Overview of EQIA Process

In keeping with Belfast Trust Equality Scheme and our duties under Section 75 of the Northern Ireland Act 1998, a draft Equality Impact Assessment (EQIA) was developed by Belfast Trust to initially assess the impact of:

- Introducing, when appropriate the use of Body Worn Cameras following a
- A six month pilot regarding the use of Body Worn Cameras in our two adult Emergency Departments (RVH and MIH)

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. An EQIA also considers the impact on disability duties contained in the Discrimination Act 1995 (as amended) and on human rights impacts. It is a thorough and systematic analysis of a policy/proposal, whether that policy is written or unwritten, formal or informal and is carried out in accordance with the NI Equality Commission's Guidance for Implementing Section 75 of the NI Act 1998 and its ECNI- PracticalGuidanceEQIA.

An EQIA determines the extent of differential impact a proposal has upon the relevant 9 protected groups and in turn establishes if that impact is adverse. If the impact is adverse, the public authority (Belfast Trust) must consider alternative policies to better achieve equality of opportunity (including good relations/disability duties and human rights) and/or measures to mitigate the adverse impact.

The draft EQIA developed in relation to BWCs proposal followed the 7 separate key stages noted below as per the NI Equality Commission's guidance. **This outcome report incorporates Key Stage 6.**

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

Legal Context

A number of statutory equality, good relations and human rights obligations were considered as part of our draft EQIA relating to our BWC proposal. These included the following list of key laws:

Section 75 of the Northern Ireland Act 1998 requires Health and Social Care (HSC) Trusts, when carrying out their work, to:

(1) 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.

(2) Have regard to the desirability of **promoting 'good relations'**:

- Between persons of different religious belief
- Between persons of different racial group
- Between persons of different political opinion.

Disability Discrimination Act 1995 (as amended by Article 5 of the Disability Discrimination (NI) Order 2006).

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

- Section 49A requires public bodies to **promote positive attitudes** towards disabled people and to **encourage participation** of disabled people in public life.

Human Rights Act (NI) 1998

In particular:

- Article 2 - Right to life
- Article 3 - Right not to be tortured or inhumanly or degradingly treated or punished.
- Article 6 - Right to a fair trial
- Article 8 - Right to respect for one's private and family life, correspondence and home

UN Convention on the Rights of Persons with Disabilities (UNRCPD)

In particular:

- Article 12 - Right to enjoyment of highest attainable standard of physical and mental health

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Strategic Framework to End Violence Against Women and Girls (EVAWG): The NI Executive Office Strategic Framework – EVAWG

The draft Strategic Framework identifies the ways in which women and girls are disproportionately more likely to be victims of specific types of violence, often with unique and gender-specific drivers or root causes. It is for these reasons that the draft Strategic Framework deliberately adopted a gender specific as opposed to gender inclusive approach.

The Framework asks that:

- Individual sectors develop and embed ending violence against women and girls in the design of policies, strategies, services and procedures that prevent violence against women and girls, and create safe environments for women and girls

- Data is captured to better understand the problem of violence against women and girls, measuring our progress toward ending it, and informing funding, service design, and delivery decisions

Sexual harassment and other forms of gender-based violence abuse and harm in public and private spaces, both rural and urban, are a frequent occurrence for many women and girls. This ranges from street harassment, unwelcome sexual gestures and remarks, right up to serious criminal offences against both women and girls. It can happen to any woman or girl anywhere; **including in the workplace**, public parks, sports facilities, social spaces and events, public transportation, streets, schools, online, and at home.

However, while the Framework aims to consider violence and unwanted behaviours as committed against women and girls in particular, this does not mean that data relating to the role that men may play in ending this violence is not critical, for example with regard to agency, education, bystander intervention, as well as behavioural and attitudinal change across society more generally.

Summary of Draft EQIA findings

Equality, Good Relations and Disability Duties

Our draft EQIA identified that certain groups (within the protected nine S75 equality of opportunity groups)—such as older people, disabled people, carers and minority ethnic communities—may experience the BWC proposal differently because they are more likely to use Emergency Department services. In the draft analysis, Belfast Trust considered these impacts to be largely positive, as a calmer and safer environment benefits patients as well as staff. The draft EQIA also noted the importance of accessible communication, interpreting support and inclusive local engagement to ensure optimal understanding around the rationale, use and any extension of BWCs. This is of particular importance to service users who may have a learning disability, do not have English as their first language e.g. Sign Language users or someone from an ethnic minority group or who may have limited capacity or be vulnerable due to a mental health diagnosis.

Given the nature of the service that is being provided it was not deemed unreasonable to conclude that there is a differential impact in terms of age, disability and dependant status.

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The differential impact in terms of ethnicity related to the health inequalities experienced by BME and Traveller communities. However, it was 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 the proposal and compliance with human rights and surveillance and data protection obligations.

Data also suggested that there is a differential impact on people from Black and minority ethnic communities. This may be due to vulnerable migrants, including refugees and asylum seekers, having high levels of complex mental and physical health needs, albeit research also shows difficulties in accessing healthcare which often leads to the Emergency Department (ED) being the first point of contact for many people.

There is nothing to suggest that this proposal will have any adverse impact on our Disability or Good Relations Duties.

Belfast Trust is committed to ensuring equality of opportunity for all service users and staff and will work proactively to comply with Section 75 of the Northern Ireland Act 1998, the Disability Discrimination Act 1995, the United Nations Convention on the Rights of People with Disabilities and the NI Human Rights Act 1998.

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.

The Trust has a clear, well-defined 5-year **Equality and 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 clear, well defined Good Relations strategy **'Healthy Relations for A Healthy Future 3**' co-produced with key internal and external stakeholders and overseen by our Healthy Relations Committee and Involvement Steering Group.

Our commitment to promoting Good Relations is confirmed by the regionally developed **HSC Good Relations Statement** detailed here.

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.

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.

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.

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. Our staff will use the NI HSC Interpreting Service and the Regional Communication Support Service to book in person and online services to ensure patients and their families better understand, can make informed choices, and give their consent in our ED units.

Human Rights

Our draft EQIA recognises three broad Human Rights engaged by the BWC proposal, including:

- The right to respect for private & family life, home &correspondence (Article 8)
- The right to be free from torture & inhuman & 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. 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.

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 in the draft EQIA:

- **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 wellbeing 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, or when a person is in a state of undress. Dignity and respect are core principles that underlie 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** protects humans 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.

Assessment of Impact on Staff

In terms of the impact on staffing the draft EQIA notes that given the data available for staff within the Emergency Departments the majority are under the age of 45 (77%). However, there is little else known about the affected group due to the level of non-completion of staff equality monitoring forms. It would therefore be remiss to comment on the remaining Section 75 equality categories as there is over 50%'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. The Trust is taking proactive steps to reduce the high levels of non-completion. Across the Trust we do know that 76% are female and 4% from BME communities with a growing number of international staff being recruited as nursing staff.

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. 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.

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Trust Response to What you Said

Our Commitment: Human Rights Based Approach

Protecting and supporting staff is the framework upon which our BWC proposal is especially those disproportionately affected by violence (e.g. nursing staff, often female and frontline) and is in line with the **NI Executive Office's Strategic Framework to End Violence Against Women and Girls**

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. 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 BWCs 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.

Our BWC proposal has been explicitly placed and developed within a **human rights framework**, stating that the Trust must and will act in line with Privacy and Dignity Rights and legality tests. BWCs will be used as the last resort (proportionate response) as part of the DoH **Management of Aggression and Violence (MoVA) framework** and will always be used to pursue a legitimate aim (safety of staff and others), which is deemed necessary to de-escalate and document staff and others.

Our BWC proposal is a response to a **systemic risk to staff and others safety and dignity**. Based on strong evidence we have clearly identified a **legitimate aim**:

"The purpose of the proposal… is to help prevent and reduce incidents of violence and aggression towards staff."

Our human rights based approached can be summarised:

Human Rights Requirement	Proposal Evidence
Legitimate aim	Purpose: Staff safety, reduction of violence and aggression particularly gendered violence and aggression in the workplace
Rational connection	BWCs used to deter, de-escalate, document violence and aggression
Least intrusive measure	Activation only if an incident happens or is about to happen and following alert when possible and **not** during personal care/intimate treatment
Safeguards	Public Notices, Training, Retention and Access Limits, Accessible and Inclusive Communication inc Reasonable Adjustments

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Safeguards

We acknowledge that our BWC proposal clearly interferes with **privacy rights**. BWC capture both video and audio recordings when the device is activated and will record for 30 seconds prior to being activated to give context to the recording. The issues raised by consultees and staff relate to the perceived surveillance in clinical settings where there is a heighted expectation of privacy and the need to be treated with dignity and respect especially in emergency care where service users may be extremely vulnerable. As TILII explicitly stressed:

- "Cameras must never be used in private situations like personal care." and
- "People with a learning disability or autism may feel worried, anxious, or confused about cameras."

A range of **critical safeguards** designed to ensure proportionality will be the basis of the use of BWCs in our Emergency Departments and beyond if appropriate. Belfast Trust have noted the safeguards in both our consultation proposal, EQIA and DPIA and to summarise they include:

- **Limiting When Recording Occurs**
-

  BWCs will not be used in toilets, bedrooms or when someone is receiving personal care. In addition, we have stated that staff will

  "Only activate a recording when… abused, threatened or assaulted."

  This means that use of BWCs will be reactive and not based on continuous surveillance but linked to risk thresholds which staff will be trained in and which will be explicit in operational guidance and in communication to the public.

- **Transparency and Awareness**
-

  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.

  In addition, we have stated that:

  "Staff… will, if reasonably possible, alert those around them when recording is being activated." And that "Very visible signage… to ensure that everyone is… aware."

  In addition, we have made the commitment that BWCs "Will not be worn or used in a hidden or covert manner."

  TILII reinforces this as a core condition when they stated that "People must always be told when a camera is turned on."

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- **Accessible and Inclusive Communication**

  Belfast Trust has committed to making "Reasonable adjustments… particularly in terms of communication methods."

  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.

- **Robust Governance : Data minimisation, access and retention**

  Given that BWC devices are a form of surveillance, the Trust has aligned its proposal to the Surveillance Camera Commissioner best practice guidance, the Information Commissioner's Office guiding principles/checklist.

  In line with our Data Protection Impact Assessment we have stated that:

  "Footage… automatically deleted… after 28 days" unless required for evidence

  This aligns with GDPR principles that data should be: "Adequate, relevant and limited to what is necessary" and "Kept… no longer than is necessary." "Access will be strictly limited."

- **Staff Training**

  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.

Our Approach: Least Restrictive Option

Use of BWCs will always be guided by **"necessity and proportionality" and used** as a **"least restrictive option".** Even if a decision to restrict the Article 8 rights 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.

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).

Aligned to the MOVA framework less restrictive alternatives to using BWCs or 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.

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

Going forward, if appropriate, the Standard Operating Procedures will also embrace this principle/value with a view of having minimum impact on individuals. BWC operational documentation will set out the legitimate aims for the introduction and use of BWC devices and training.

Ultimately, the Trust wants to make staff, and those who frequent the ED and beyond, 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.

7. The Way Forward and Recommendations

Following extensive pre-consultation engagement and a 13 week formal public consultation Belfast Health and Social Care Trust plans to run a six-month pilot of body-worn cameras (BWCs) in the Emergency Departments at the Royal Victoria Hospital and the Mater Hospital.

The proposal responds to a sharp rise in violence and aggression towards staff. The Trust's aim is simple: to deter, de-escalate and document abusive behaviour, and to create a safer environment for staff, patients and the public.

Any decision to extend BWC use beyond the pilot will depend on learning from the trial, further equality screening, and an updated DPIA.

The consultation generated a high level of engagement from members of the public, service users, carers, Trust staff, trade unions, and advocacy organisations. Responses reflected frontline experience, lived experience of disability and support needs, lived experience of staff and aggression working in the healthcare setting and public views on vulnerability and safety in healthcare settings.

Across all stakeholder groups, responses demonstrated strong awareness of the increasing levels of violence and aggression faced by healthcare staff, particularly in Emergency Department settings.

Consultation feedback demonstrated strong but conditional support for the proposed use of Body Worn Cameras. A clear majority supported a time-limited pilot in Emergency. Overall, consultation feedback shows strong alignment across stakeholder groups: improving staff safety is necessary, but must be balanced with privacy, dignity, equality, and trust.

Belfast Trust is committed to the introduction of BWCs based on careful, proportionate, and transparent use, supported by strong governance and learning from a time-limited Emergency Department pilot.

The Trust plans to:

- Publicise this outcome report
- Finalise the approach to the six-month pilot

- Ensure policies, training and safeguards are in place
- Continue engagement with staff and stakeholders
- Undertake a full evaluation of the pilot and to publish it.
- Findings from the pilot will inform any future decisions on wider implementation.

Monitoring

In keeping with the Equality Commission's guidelines governing EQIA the Trust will put in place a monitoring strategy to monitor the impact of the implementation of the proposal to pilot BWCs in our two adult Emergency Departments and subject to this pilot to other service areas where appropriate and subject to individual equality screenings, engagement and data protection considerations on the relevant groups and sub-groups within the equality categories and on human rights. The Trust will publish the results of this monitoring and include same in its annual progress report to the Equality Commission for Northern Ireland.

If the monitoring and analysis of results over a three-year period show that the impact of the change results in any adverse impact not predicted, or if opportunities arise which would allow for greater equality of opportunity to be promoted, the Trust will ensure that measures are taken to achieve better outcomes for the relevant equality groups.

Appendix 1: TILII Response

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