



NORTHERN IRELAND AMBULANCE SERVICE

CLOSED CONSULTATION SUMMARY OF CONSULTATION RESPONSES FOR NORTHERN IRELAND AMBULANCE SERVICE HEALTH AND SOCIAL CARE TRUST

CONSULTATION ON THE PRINCIPLE OF INTRODUCING BODY WORN VIDEO FOR THE PURPOSES OF VIOLENCE PREVENTION AND REDUCTION



Northern Ireland Ambulance Service
Health and Social Care Trust



1.0 INTRODUCTION:

The Northern Ireland Ambulance Service Health and Social Care Trust (NIAS) ran a 10 week public consultation on The Principle of Introducing Body Worn Video For The Purposes of Violence Prevention and Reduction between 06 December 2021 and 14 February 2022.

This report is a summary of the consultation results, and the main themes identified from written feedback, public meetings and questions posted on social media (Twitter).

1.1 Strategic Background To Consultation:

Last year, we launched our Strategy to Transform 2020- 2026, which identified a number of key priorities and how we intend to transform our service to deliver these and improve the care we provide for our patients.

One of our key priorities is in

relation to our workforce and, in particular, addressing the safety of our staff as we go about our normal day-to-day activities. Staff safety is paramount and the Trust takes violence and aggression towards any member of staff, whilst they are carrying out their role, very seriously.

Over the past year, our Violence Prevention and Reduction Group has been developing a supporting strategy to provide the Trust with a range of specific projects and reviews which have identified a number of key actions that will help drive change. One of these projects is to consider the implementation of Body Worn Video (BWV).

1.2 Purpose of Consultation:

On average in Northern Ireland there are around 12 acts of aggression against ambulance staff per week (2020/21).

NIAS has a duty of care to both its service users and its staff. In recent years we have witnessed increased levels of aggression, violence and harm caused to our staff while on duty. This has been manifested in both physical assaults (e.g. of an extremely violent or sexual nature) and/or non-physical assaults (including verbal assault and personal abuse). This abuse is unacceptable and unfortunately despite efforts to curb violence and aggression against NIAS staff, incidents have continued to increase

This ongoing issue has serious, long-term impacts on the Trust's ability and

capacity to deliver its services. It has substantial and long-term impacts on the physical and psychological wellbeing of staff. It can cause major impediments to the urgent provision of immediate care by NIAS staff in emergency scenarios.

After significant consideration and engagement with staff, unions, and partner agencies, NIAS believes in principle that the introduction of BWV is a proportionate and reasonable proposal to help reduce harm to staff, and to assist in due process investigation and if necessary prosecution of offenders.

This initial consultation was about *the principle of introducing BWV For The Purposes of Violence Prevention and Reduction*.

1.3 Data Protection Impact Assessment (DPIA):

The Trust has carried out a full Data Protection Impact Assessment (DPIA) in order to address any issues raised with regards to the European Convention of Human Rights and Human Rights Act

1998, the Data Protection Act (DPA) 2018, the General Data Protection Regulations and the Freedom of Information Act 2000.

As part of this exercise a number of risks have been identified and mitigated.

The full Data Protection Impact Assessment (DPIA) is publicly available on the NIAS website.

1.4 Consultation Approach:

Our consultation was designed to examine the principle of BWV being introduced to NIAS as the Trust recognises the scale of culture shift involved in the proposal that NIAS employees would wear portable recording devices.

The consultation consisted of three elements, a questionnaire, public meetings and questions were posted on social media (Twitter). With regards to the questionnaire, this was circulated as part of the consultation document to around 400 organisations



1.5 Executive Summary:

We received 28 responses, one of which was a group response on behalf of a charity (included 48 respondents).

We were particularly pleased to hear from a range of organisations including community / voluntary organisations, local authorities, health trusts, political parties, regulators, GPs, Trade Unions, NIAS staff, along with members of the public. Respondents ranged from individual members of the public and staff, to some of the largest public sector organisations in Northern Ireland.

The consultation asked how aware respondents were with regards to the current levels of violence and aggression in NIAS, what respondents views were on this, and under what circumstances it would be appropriate for NIAS staff to use body worn video.

Overall there was a positive and supportive response to the 'Principle of Introducing Body Worn Video For The Purposes of Violence Prevention' and Reduction to address the challenges faced by staff in the delivery of emergency services to the public.

Respondents recognised that the prevention and reduction of violence and aggression is an important workstream for the Trust and that NIAS has a statutory duty to keep staff safe.

The Trust will give consideration to the feedback and in particular that there are areas to carefully consider, most notably the information governance and data protection responsibilities.

1.6 Next Steps:

Now that this first consultation exercise is complete around the principle of body worn video, the information gathered will help inform the next stage of the process.

NIAS will ensure due weight is provided to the responses from key stakeholders and further consult on the detail of factors like deployment, usage, governance, equality, requirement for advisory panels, assurance groups, policy and procedures in March / April 2022.

Many respondents have offered more input and support and we intend to engage further with these organisations.

SOME HIGHLIGHTS:

Who we heard from...

We received 28 responses, one of which was a group response on behalf of a community / voluntary organisation (included 48 responses). Sectors were as follows:

- Three from the community / voluntary sector (one response was on behalf of 48 respondents).
- Nine health and social care organisations.
- One member of NIAS staff.
- Three political parties.
- One Trade Union.
- Two regulators / government advisory organisations.
- Seven service users / members of the public.
- One GP.
- One local authority.

All of the responses were received via email using either the questionnaire provided (word). Three responses were received on the Easy Read version / questionnaire. Respondents ticked the appropriate box and used free text boxes to provide their response(s).

What we heard...

- The majority were extremely shocked / concerned about the current levels of violence and aggression.
- Violence towards Ambulance Service Staff is totally unacceptable.
- The utmost should be done to protect our frontline staff.
- There should be no place in our society for such attacks.
- I think BWC would act as a deterrent, and reduce the number of incidents.

- Recording will ensure that the matter is taken seriously by employers, police and the courts and that it is punished appropriately.
- Being able to use the body camera recordings as evidence could lead to prosecutions, and this would hopefully reduce the incidents of aggression towards Ambulance Staff
- Tougher sentences against those who do attack Ambulance Service Staff.
- All efforts need to be made to proactively stop this and prosecute it when it happens.
- Consideration should be given to the ability to switch the recording on or off following a case assessment of the risk posed.
- It may be appropriate to blur individual's faces or body parts to protect them.
- A strong and comprehensive governance regime must be established for the use of information recorded by body worn video.
- We would encourage extensive staff and Trade Union consultation.
- Mapping against national best practice would be valuable.
- Consideration should be given to children, those with learning difficulties, in distress, displaying challenging behaviour due to a clinical diagnosis, suicides etc.
- NIAS is a fantastic service which is not recognised enough for the hard work you do.

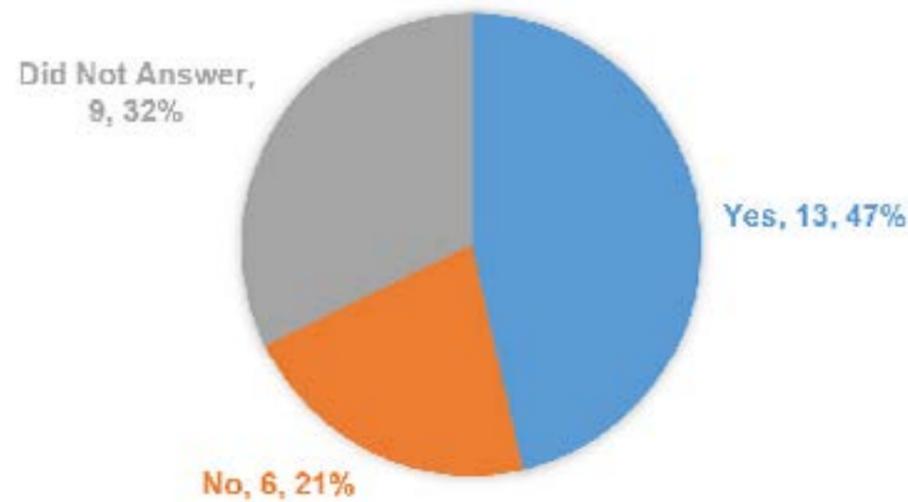
More in depth Results:

This section takes each question individually and presents the associated findings.

We Asked:

1. Were you aware of the current levels of violence and aggression towards Ambulance Service Staff? Please tick YES or NO.

Were you aware of the current levels of violence and aggression towards ambulance service staff?



The majority of respondents were aware of the current levels of violence and aggression towards Ambulance Service staff.

There was no real trend to note with regards to those or who either more or less aware.

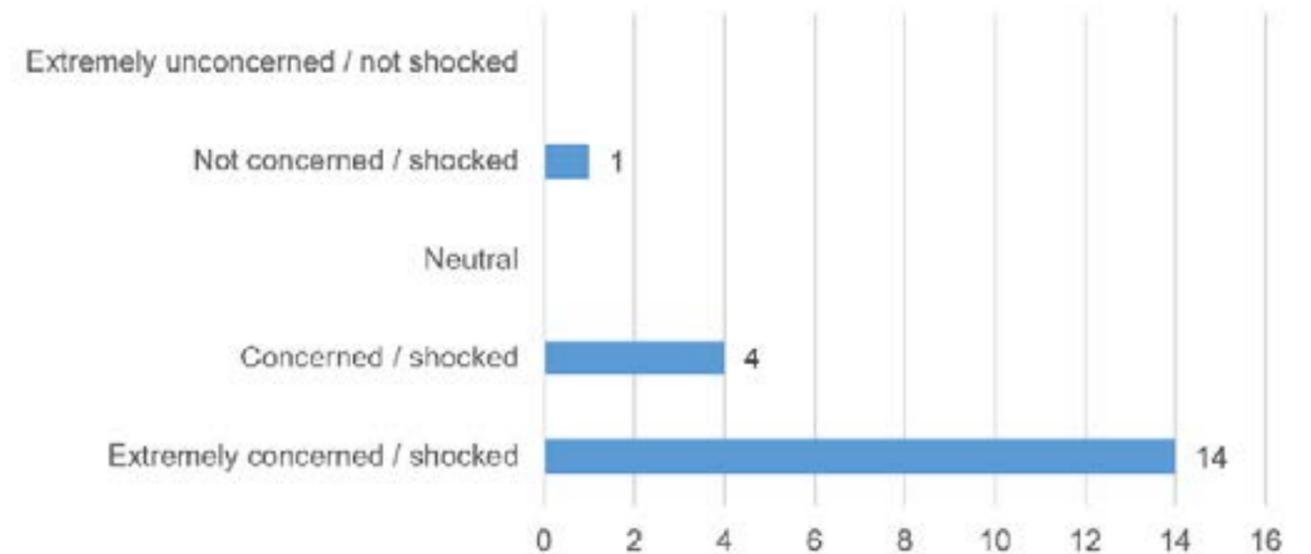
We had a number of respondents who did not answer as they kindly took the time to respond to us via a letter rather than complete the questionnaire in its entirety.

We Asked:

2. What is your reaction to the current levels of violence and aggression against Ambulance Service staff? Please tick:

- Extremely concerned / shocked.
- Concerned / shocked.
- Neutral.
- Not concerned / shocked.
- Extremely unconcerned / not shocked.

What is your reaction to the current levels of violence and aggression against Ambulance Service staff? Please tick:



The majority of respondents were 'extremely concerned / shocked' at the current levels of violence and aggression against Ambulance Service staff.

A further four respondents were 'shocked / concerned'.

One respondent was not shocked or concerned at the current levels of violence and aggression against Ambulance Service staff. This response came from the health and social care sector.

We Asked:

3. Do you have any further comments to make on the current levels of violence and aggression towards Ambulance Service staff?

Around 50% of respondents provided an answer to this question.

The majority of responses detailed how unacceptable this was and that efforts needed to be made to address this. Many went further to state that more needed to be done in order to address the issue. Here are some of the responses:

- The utmost should be done to protect our frontline staff – especially those providing urgent first hand care. I'm really disgusted to read about the stats/ levels of violence towards our ambulance service who are there to help community.
- Violence towards Ambulance Service staff is totally unacceptable, and the full force of the law should be brought to bear.
- At present many members of the public view health and social care staff as something of a doormat.
- No one should have to be subjected to violence when they have been called to assist someone that requires their help
- Ridiculous and you all provide a vital service that is for all. No need for violence or aggression to anyone especially your staff.
- All HSC including emergency services should be protected against

all acts of violence and aggression whilst performing their duties. Each organisation has a 'zero tolerance' policy however this does not protect the person and as HC professionals they are still expected to treat people or have a threat of refusal to treat made against them.

- It is entirely unacceptable and should be eradicated by whatever means are necessary.
- This is terrible and the staff need to feel supported and that the NIAS is doing everything they can to reduce and prevent this behaviour and let the public no it is unacceptable.
- No. I just don't understand why someone would attack a person that's trying to help them unless they were high on drugs/alcohol and judgement was impaired.
- All efforts need to be made to proactively stop this and prosecute it when it happens
- Should not be tolerated.
- Acts of aggression and violence towards any emergency service is unacceptable.
- This is terrible and the staff need to feel supported and that the NIAS is doing everything they can to reduce and prevent this behaviour and let the public know it is unacceptable. We also need more and stronger sanctions for those perpetrating violence and/or aggression towards health care workers. We need a strong commitment to zero tolerance that includes quite stringent sanctions.

• The levels of aggression and violence towards Ambulance Service Staff are totally unacceptable. They have a detrimental effect on staff wellbeing and morale, staff numbers available for duty

We Asked:

4. Under what circumstances do you feel that it would be appropriate for Ambulance Service staff to record interactions using body worn video? Please tick all that apply:

- Physical threat (no contact).
- Psychological abuse.
- Sexual.
- Verbal abuse.
- Verbal abuse with racial content.
- Biological agents / COVID-19 assaults.
- Other aggressive incidents (for example destroying equipment).

We had 19 responses to this question. Seventeen out of the 19 responses selected all of the above, i.e. a significant majority of respondents advised that they felt it was appropriate for Ambulance Service staff to record interactions using body worn video when there

and an obvious impact on family life. Anything that can be done to deter and reduce such attacks should be done as a matter of urgency.

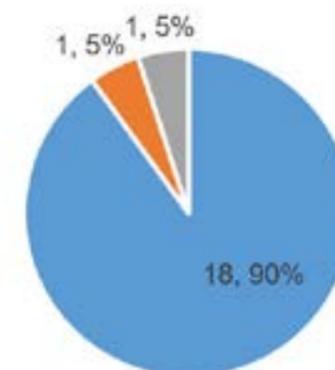
was a physical threat (no contact), psychological abuse, a sexual incident, verbal abuse, verbal abuse with racial content, assaults involving biological agents / COVID-19 and other aggressive incidents (for example destroying equipment).

One respondent did not understand the phrase psychological abuse and noted this.

One respondent felt that the use of body own video was not warranted in any of these circumstances. This response came from the health and social care sector.

As detailed previously, we had a number of respondents who did not answer as they kindly took the time to respond to us via a letter rather than complete the questionnaire in its entirety.

Under what circumstances do you feel that it would be appropriate for Ambulance Service staff to record interactions using body worn video?



• All listed • All Except Psychological • No circumstances

We Asked:

5. How frequently do you think it would be appropriate for the ambulance service to record interactions using body worn video? Please tick one only:

- Always.
- Often.
- Sometimes.
- Rarely.
- Never.
- Don't know.

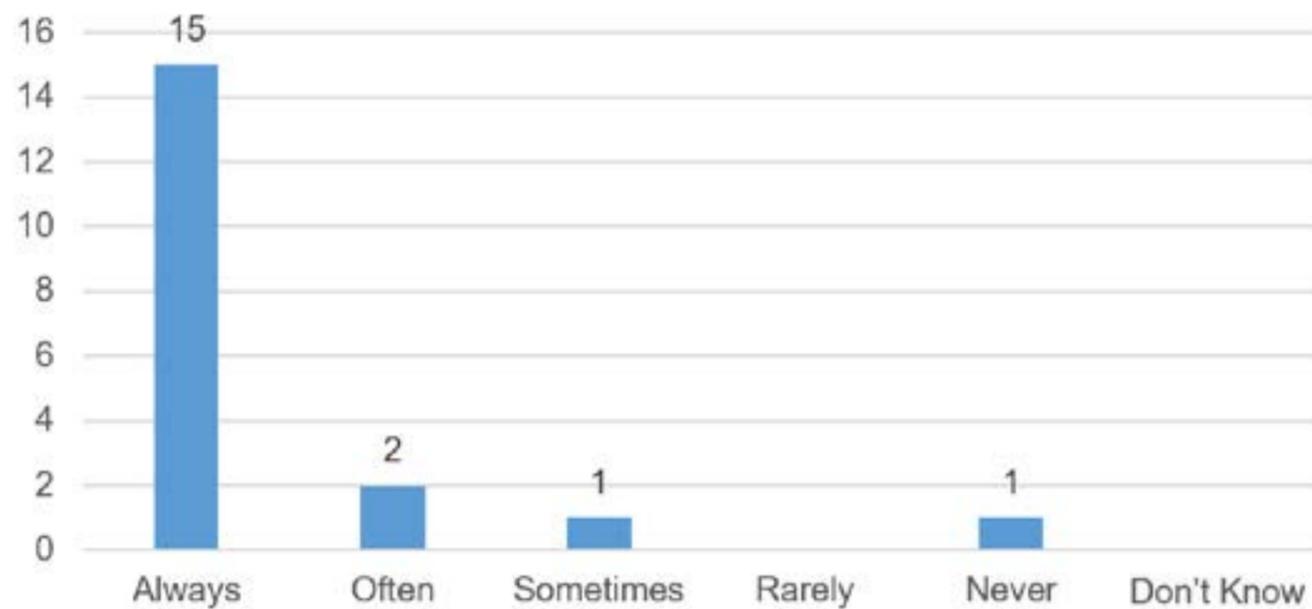
We once again had 19 responses to this question. The majority of respondents

felt that it would 'always' be appropriate for the ambulance service to record interactions using body worn video.

Two respondents felt that it would be 'often' appropriate for the ambulance service to record interactions using body worn video. One response was from a community / voluntary organisation and one from a member of the public.

One respondent felt that the use of body worn video was never warranted. This response came from the health and social care sector.

How frequently do you think it would be appropriate for the ambulance service to record interactions using body worn video?



We Asked:

6. Could you describe the reasons you think it would NOT be appropriate for Ambulance Service staff to record aggressive interactions using body worn video:

Around 60% of respondents who completed the questionnaire provided an answer to this question.

Some concerns were raised by consultees in relations to the video recording of children, those with mental ill health, and those persons with learning difficulties / disabilities.

Here are some of the responses:

- Involving a child that may have learning difficult and in distress.
- When someone passes away.
- It is down to the discretion of paramedic to press a button and turn the bodycam on.
- Many of the worst offenders will not care that their behaviour is being

recorded, some will even play up to this and behave worse, possibly increasing the risk of physical harm.

- If the videos are inappropriately used by staff, i.e., for any other reason other than that they were intended for.

- N/A if Police can wear then NIAS Staff should also.

- I think it sounds like a very important thing to do but only if used for a purpose. If not used for a particular purpose then it is a needless exercise that will waste money. It should be used to support staff and keep them safe but there must be some way of evidencing the usefulness.

- Discretion could be used for a person having a psychotic episode who perhaps is unaware/not in full control of their actions however the footage would only be utilised if further action was required and this could be part of the decision making process after the event.

- The only reason why it would not be productive (appropriate is not

the correct term) for Ambulance Service staff to record aggressive behaviour using body worn video is if this action is likely to increase the aggression.

- No but it may be appropriate to blur individuals faces or body parts to protect them or be discreet during editing process for court proceedings.

- None whatever. If they are worn in standby mode then the NIAS staff member can choose to switch on. Obviously staff will need an SOP to guide on appropriate use.

- Potentially if this was due to a clinical diagnosis or mental health issue in that the behaviour is not maliciously intended?

- Any and all 'aggressive interactions' should be recorded to protect staff and to enable future action including prosecutions.

- Patient confidentiality and privacy as will be attending some very sensitive cases eg suicide attempt, RTAs, etc. Dignity and respect.

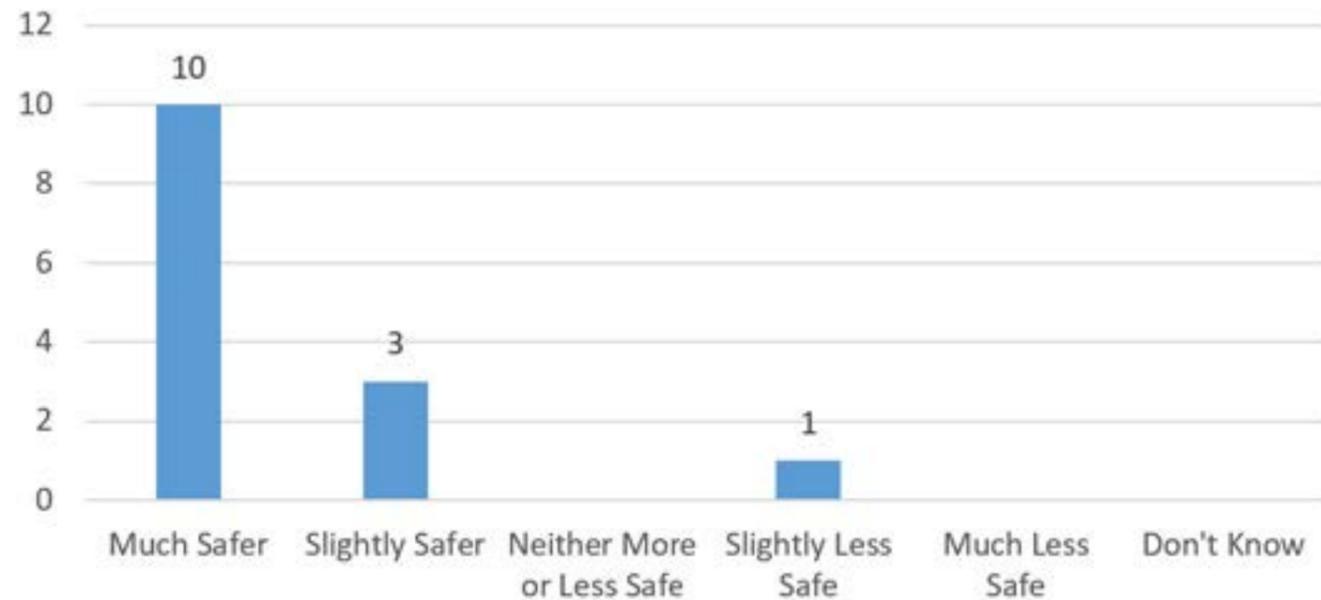
We Asked:

7. Would you feel safer knowing that the Ambulance Service could record aggressive interactions using body worn video (including audio)? Please tick one only:

- Much safer.
- Slightly safer.
- Neither more or less safe.
- Slightly less safe.
- Much less safe.
- Don't know.

Around 50% of respondents provided an answer to this question as follows:

Would you feel safer knowing that the Ambulance Service could record aggressive interactions using body worn video (including audio)? Please tick one only:



The majority of respondents advised that they would feel much safer knowing that the Ambulance Service could record aggressive interactions using body worn video.

Three respondents advised that they would feel slightly safer; these three respondents were either members of the public or respondents from the community / voluntary sector.

One respondent from a health and social care background advised that they would feel slightly less safe.

One respondent wrote that they hoped that Ambulance Service Staff would feel much safer.

We Asked:

8. Do you think the implementation of body worn video will be positive or negative for Ambulance Service staff? Please tick:

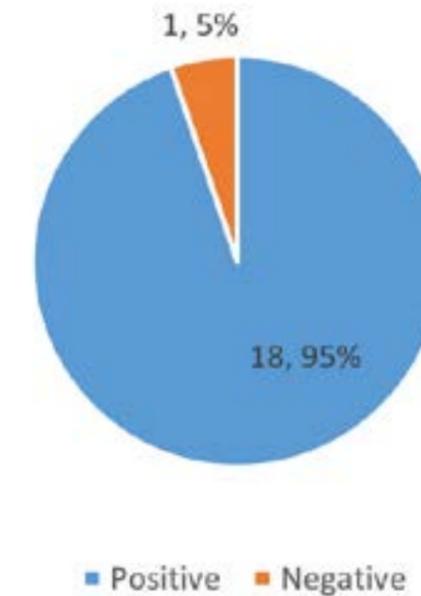
- Positive.
- Negative.

Nearly 70% of respondents answered this question. As detailed previously, we had a number of respondents who did not answer as they kindly took the time to respond to us via a letter rather than complete the questionnaire in its entirety.

Eighteen out of the 19 respondents responded that the implementation of body worn video will be positive for Ambulance Service staff.

One respondent from a health and social care background advised that the implementation of body worn video will be negative for Ambulance Service staff.

Do you think the implementation of body worn video will be positive or negative for Ambulance Service staff? Please tick:



■ Positive ■ Negative

We Asked:

9. Do you have further comments to make on the above (Q8)?

Around 60% of respondents provided further information on question eight.

The majority of respondents discussed how it would act as a deterrent and staff should feel safer. Here are some of the responses:

- It will provide tangible evidence to corroborate claims of abuse or injury to ambulance staff. Also, from a balanced perspective, it will provide evidence if patients are wrongly accused.
- Could act as a deterrent - some people might think twice about their behaviour if they knew it was being recorded and could be given to the police.
- They have a right to feel safe. Any encounters I have had with NIAS staff has been very positive and they are extremely helpful and professional.
- I think they should indeed be used in order to support prosecution.
- This not only protects the member of staff but also members of the public.
- The only point in Ambulance Service staff recording aggressive behaviour is that it will be taken seriously by employers, police and the courts and that it is punished appropriately. Otherwise it will be a worthless exercise.
- I think BWC would act as a deterrent, and reduce the number of incidents happening. I also think they are necessary as evidence in order for these people to be prosecuted.
- No one should have to suffer from violence when doing their job, particularly when they are trying to save lives. This sounds like a reasonable risk mitigation. Camera footage does not need to be retained if there is no incident.
- Morale and the feeling that their employer supports them on the frontline is an important factor here.
- This will be a positive step and could help reduce staff fears of acts of violence and their safety in the workplace.
- Further research would be helpful into whether the use of Body Worn Cameras can result in the escalation of aggressive behaviour.
- I think BWV would act as a deterrent, and reduce the number of incidents happening. I also think they are necessary as evidence in order for these people to be prosecuted. BMV also will provide NIAS staff with protection in terms of any allegations of inappropriate behaviour or language made against them.
- It will make staff feel safer and enable action to be taken against anyone who attacks them.
- We need staff to be safe doing their job. May help to prevent them getting injured and being able to stay at work to help those that need their care. If staff of on sick more pressure on remaining staff. Staff feel more supported. Evidence to take a personal injury case. Help with recruitment if staff feel safe. Perpetrator less likely to offend if know they are being recorded.

We Asked:

10. Do you think that there is anything else that the Ambulance Service should consider in order to reduce the risk of violence and aggression towards its staff?

Around 50% of respondents provided an answer to this question which were varied, here are a number of responses:

- I'm not sure if they already have this implemented – but I know police forces have an 'Urgent' type button. I know this is in mainland UK (not entirely sure of PSNI). This button can be pressed when in serious/urgent danger and it alerts all police in the area to go for backup.
- Many NIAS calls are inappropriate and should really be dealt with by PSNI or Social Services. Reduced exposure to these high risk individuals could be achieved if NIAS could employ a means of passing these calls to a more suitable agency. Also, a much tougher 'No Send' policy, especially for individuals known for aggression and that have been flagged as a persistent threat, would reduce the number of violent incidents against staff. I appreciate some of these measures require tough decisions to be made at a high level but don't expect anything to change otherwise.
- Policy or guidance for staff that supports them in circumstances when the threat of injury to them becomes so great that they can make a decision to extract themselves from the circumstances or of threat of danger, even though the abusive patient requires medical attention. This support should not only be at the time of the incident but also in circumstances of a lookback review where the patient suffered as a result of not getting medical intervention or the patient making a complaint or seeking compensation. I think having video evidence would also make for a stronger awareness campaign, warning the public/service users that video evidence will be used to prosecute offenders. This will be a strong message to those service users who have replaced respect for the service to entitlement to the service and staff that they are abusing.
- Self-defence training.
- If they are faced with aggression or violence they should be able to walk away with no consequences of what the outcome is for that patient. No one should be verbally or physically assaulted for carrying out their job. They have a family to go home to and this could impact on their family life.
- Prosecution against those who harm staff. Risk management training.
- NIAS can walk into a situation that they are unprepared for – walking into anyone's home you cannot prepare for every eventuality.
- I don't think that Ambulance Service staff should ever be placed into any potentially aggressive situation without adequate backup. This means that they do not attend

such calls alone or in some situations without police in attendance.

- Special uniform materials that maybe protect their skin from attack. A bit like chainsaw trousers protect legs from minor cuts. Long sleeved shirts probably uncomfortable to wear in hot weather though. Consider research into smart materials for uniforms.

- Seeking extension of list of applicants for ASBOs to include NIAS or indeed Criminal Behaviour Orders.

- Lobbying for tougher sentences against those who do attack Ambulance Service Staff to ensure punishments that fit the crime for some and a deterrent for others.

- Ensuring Police escort for known offenders. Zero tolerance and right to refuse intervention.

We Asked:

11. Please provide any further general comments

Around a third of respondents provided further comments as follows.

- Quite surprised that this approach has not been adopted before now as abuse to health service staff in general is not a new thing. To a certain extent there has been a culture of abuse being part of the job which has been a leadership failure to date and could be viewed as not valuing our staff enough. This perceived culture in the HSC is not one that would encourage a career in the service or retain existing experienced staff. The impact of covid and Brexit has created staff shortages in service industries that would have basic terms and conditions of employment. Now those industries have significantly

increased the terms and conditions to incentivise recruitment and retain staff. I know it would be a huge shift for the HSC to follow this trend but such a model cannot be ignored if we are to have a career that can compete with the growth in private healthcare provision to recruit and retain staff.

- Fantastic service not recognised enough for the hard work you do.

- I think it sounds like a very important thing to do but only if used for a purpose.



If not used for a particular purpose then it is a needless exercise that will waste money. It should be used to support staff and keep them safe but there must be some way of evidencing the usefulness.

- I am aware of a car parking company that provides car parking enforcement on sites. The company introduced the BWC a few years back and we have found that this has reduced the number of incidents, as when people realise they are being filmed they calm down. I also feel that having the footage ensure that if a case goes as far as court then you have strong evidence to support the case.

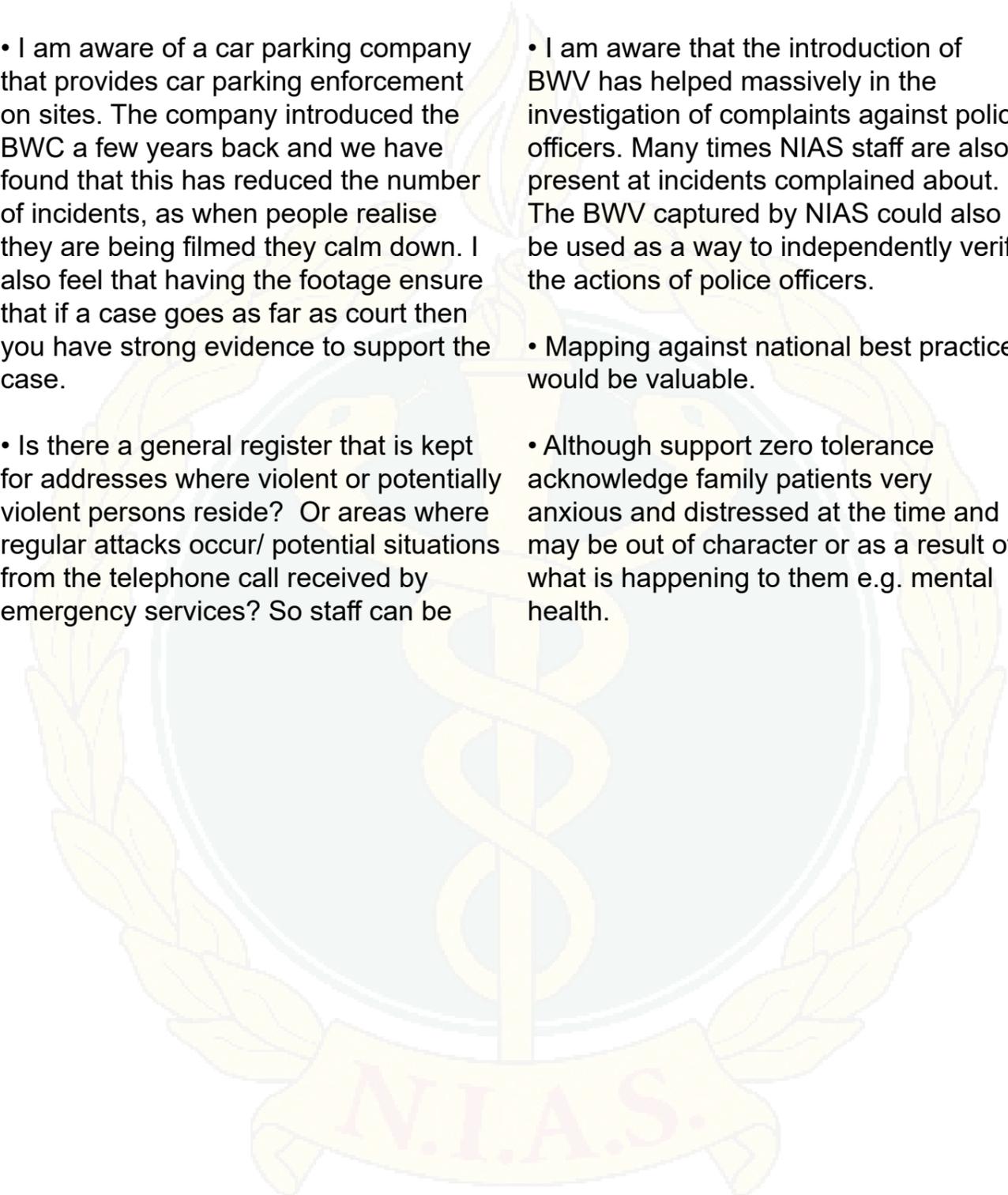
- Is there a general register that is kept for addresses where violent or potentially violent persons reside? Or areas where regular attacks occur/ potential situations from the telephone call received by emergency services? So staff can be

forearmed to have their cameras on? Can you have a 3 strikes system for persistent offenders with the threat that paramedics will not attend unless they can guarantee their safety?

- I am aware that the introduction of BWV has helped massively in the investigation of complaints against police officers. Many times NIAS staff are also present at incidents complained about. The BWV captured by NIAS could also be used as a way to independently verify the actions of police officers.

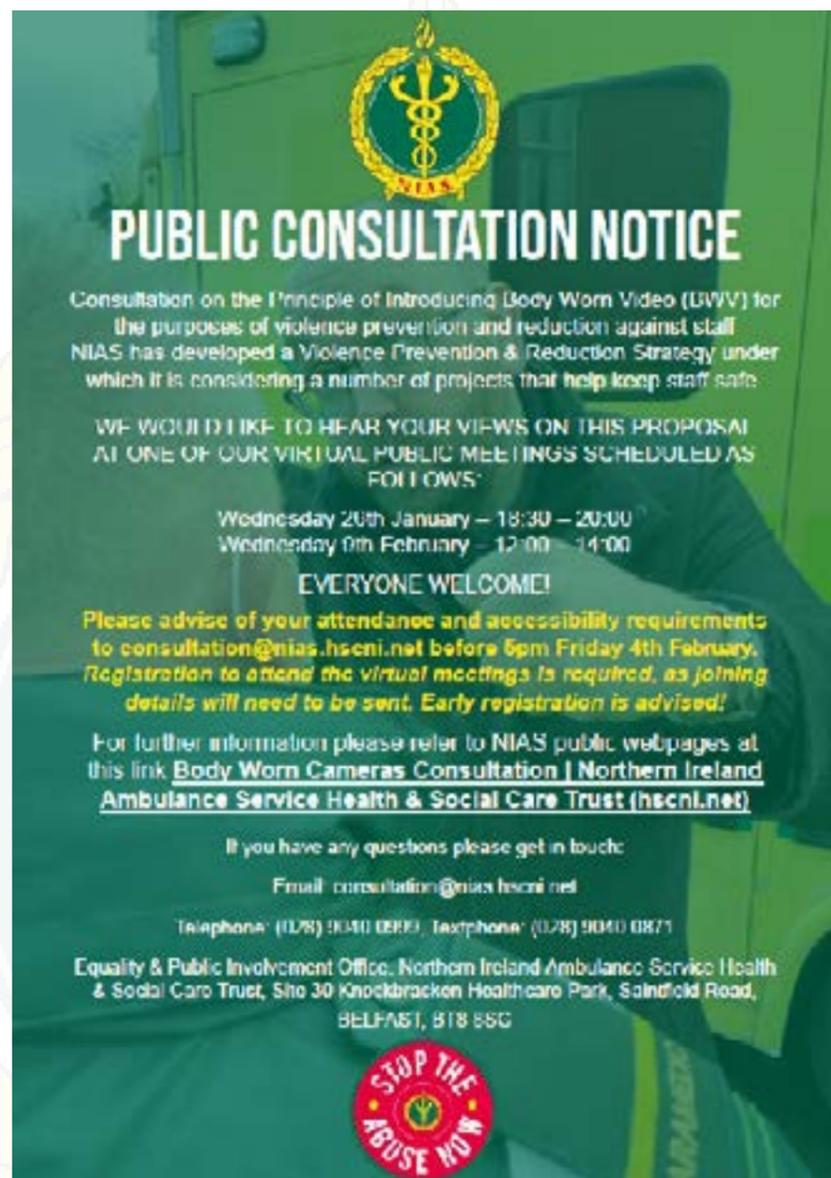
- Mapping against national best practice would be valuable.

- Although support zero tolerance acknowledge family patients very anxious and distressed at the time and may be out of character or as a result of what is happening to them e.g. mental health.



PUBLIC CONSULTATION MEETINGS:

NIAS offered up the opportunity for members of the public / service users to meet with the Trust in order to discuss the consultation. Two meetings were arranged and the following poster was shared widely:



Unfortunately there was limited uptake. One meeting was cancelled due to low registrations, however the second went ahead.

The second took place on Wednesday 9th February 2022 at midday. Attendees were given a presentation on the issue and the questions from the consultation were posed. Points to note are as follows:

- There was awareness of the current levels of violence and aggression.
- This is extremely concerning.
- Agree that more needs to be done.

- There is merit in recording all of the scenarios set out in question 4, i.e. interactions using body worn video when there was a physical threat (no contact), psychological abuse, a sexual incident, verbal abuse, verbal abuse with racial content, assaults involving biological agents / COVID-19 and other aggressive incidents (for example destroying equipment).

- It would always be appropriate.

- With regards to situations where recording should not take place, consideration may need to be given to the maternity environment.

- The environment would be 'slightly safer' knowing that ambulance staff could record interactions.

- The implementation of body worn video would be positive.

- Anything that can make staff more protected or feel safer is good. Helps with staff absences and psychological safety of staff, i.e., if they are called back to a place/area where they were previously assaulted, they may feel more protected.

- With regards to anything else that could be done to help ambulance service staff, it's the additional and continuous training of staff, to keep them learning. Cameras are a good positive step, armour would have to be very passive.

TWITTER FEED DURING PUBLIC CONSULTATION MEETINGS:

During the second public consultation meeting on the 9th February 2022, NIAS posted three questions on Twitter.

The use of social media as a means of consultation is quick and enables respondents to engage easily. It is not possible however to provide any analysis of respondents as that information is not available. It was noted however that a number of NIAS staff commented and were involved in the interactions. The full feed remains on Twitter at the time of publication of this document (spelling and grammar corrections have been made).



THE FIRST QUESTION POSTED WAS AS FOLLOWS:

1. Under what circumstances do you feel that it would be appropriate for Ambulance Service staff to record interactions using body worn video?

There were 21 responses to the first question. The majority of these responses were supportive of body worn video being used all the time, here are a number of the responses:

- All the time but perhaps technology will enable to capture and store only those situations when a staff member feels things are or have potential to escalate. Perhaps pressing a button which will then take the last 5 mins of recording to keep along with the future period of time.
- All the time then you can't be blamed for discriminating.
- If they feel threatened.
- Whenever you yourselves think necessary.
- All interactions, it protects you and it protects the patient.
- Should be activated as you make your way into every call. You don't know when someone is going to become violent so attempting to hit a button whilst being attacked is a big ask.

- All circumstances.
- All interactions especially in volatile situations as any situation has the potential to escalate very quickly.
- All the time!! There is enormous potential for learning at both individual (reflection!) and organisational (quality improvement) levels. However, there are also significant issues in relation to organisational culture which must be addressed first.
- Do you ask the patient client or family first. It should either be on, all the time, or off all the time. You don't have time to choose in a crisis.
- Why not have it on all the time when with a patient, it will only be looked at by someone if there is an issue/complaint so patient confidentiality etc should be maintained. I appreciate patient dignity needs maintained but unfortunately some people use this as an excuse to attack when they know it is less likely to be recorded.
- All the time. You never know how a situation will turn out. I certainly wouldn't have an issue with it, if I needed an ambulance #zerotolerance

THE SECOND QUESTION POSTED WAS AS FOLLOWS:

2. How would you feel, in terms of safety, knowing that the Ambulance Service could record interactions using body worn video?

There were 17 responses to the second question. Again the majority of responses were around increased safety. There were however a small number of responses from NIAS staff who believed that it would not make them feel safer. Response examples are as follows:

- The only difference this will make is to assist in the prosecution of offenders. Those who decide to be violent won't stop to think in the heat of the moment ok I'll not do this I'm being recorded. Most will be under the influence of substances. It won't make me feel any safer.
- Personally speaking, won't make me feel safer with an aggressive pt, espesh knowing that footage often makes little difference in a court case. Worry more that it will bring unwanted attention and something easier to grab a hold of

- to be totally honest.
- I would feel safer and feel comfortable knowing staff are protected and more likely to be available to work and help my family and myself in emergencies.
- I would feel OK about it. It's not ideal but circumstances have decided for us. #zerotolerance to those who abuse our services #consequences #newlaws.
- I would feel safer and I would want staff to feel protected as well.
- Do what you need to do, you would have my full support. It's crazy that you have to.
- I think staff wearing body cams would help bring those who do cause distress to justice to some extent. However I believe that the body cams won't stop people from abusing staff and that's a really sad thing to say. Welcome to the world be live in.



THE THIRD QUESTION POSTED WAS AS FOLLOWS:

3. Our final question on body worn video: what other measures do you think the Ambulance Service could take to reduce acts of violence and aggression?

There were 14 responses to the third question.

- Media campaign with examples, impact to staff, health wellbeing and the financial costs. Have the backing of the law that those who perform acts of violence / aggression will be punished heavily under law. NIAS staff are your HSCNI heroes message, violence against them is against us all.

- It doesn't matter what sort of campaign we run if the judges handing sentences out then keep letting them walk.

- There lies the problem...my lord my client didn't know what he doing was he's from a deprived community and struggling with alcohol and solvent abuse and was under the influence at the time, so please will you to see it fit to be lenient thank you my lord.

- Imagine employing people on band 7 to come up with these solutions and just asking random lads on twitter for advice.

- Name and shame using the footage on social media. Assuming it wouldn't affect possible prosecutions.

- You need the backing of courts and Police, more harsh penalties on one's who carry out acts of violence on the staff.

- Do you have / have you considered a "mental health response" team/vehicle, in direct co-operation with PSNI and other agencies, in a similar way to that employed by WMAS and West Midlands Police?



CONCLUSION:

We are extremely grateful to all of those organisations and individuals that have taken the time to provide feedback. Thank you!

As an organisation, we will give careful consideration to each questionnaire, meeting and piece of information provided during our social media consultation. We will ensure adequate focus on the areas that have been raised most frequently and those issues brought to our attention by key stakeholders.

The overarching theme arising from the consultation is that of data protection / privacy. As the consultation moves into its second phase, the Trust will carefully consider matters of compliance with the Data Protection Act 2018 and the UK General Data Regulation. We will also consider Technical Guidance for Body Worn Devices, Encryption Guidance, CCTV Codes of Practice, Surveillance Camera Codes of Practice etc. and any other applicable legislation and guidance.

We will fully consider data protection obligations including:

- Utilising of BWV must be lawful and fair.
- Obligation to be transparent about recording.
- Minimising the amount of personal data recorded.
- Maintaining security and integrity of

recording.

- Responding to data Subject Requests and ensuring that processes are in place to manage rights for an individual recorded by BWV devices including restriction of personal data.

Through the development and implementation of policy, procedures and training, NIAS will look to ensure the following:

- Standard operating procedures are in place to guide BWV users on when to activate and deactivate a recording.
- BWV users will be made aware of their device's potential to capture large amounts of intended sensitive information.
- BWV users will be made aware of the need to consider ending a recording or temporarily covering the camera or microphone or both to minimise the capture of sensitive information.
- The need for greater discretion when recording in special locations.

In short, during the next phase this consultation, NIAS will endeavour to ensure that the operational use of BWV is proportionate, legitimate and necessary. It is proposed that it will be only used when deemed necessary for the purposes of violence reduction, by trained staff in accordance with policy, procedures and legislation.