Northern Ireland Ambulance Service

BODY WORN VIDEO (BWV) PILOT

DEPLOYMENT PLAN

HSC Northern Ireland Ambulance Service Health and Social Care Trust

1.0 OVERVIEW:

1.1 Purpose:

From 6th December 2021 until the 14th February 2022, the Northern Ireland Ambulance Service Health and Social Care Trust (NIAS) consulted on the 'Principle of Introducing Body Worn Video (BWV) for violence prevention and reduction purposes'. This initial consultation was the first of two phases of the Body Worn Video (BWV) consultation exercise. This first phase of the consultation is now closed and a full summary document can be found on the NIAS website. The Trust is extremely grateful to all of those who took the time to respond.

This second document forms phase two of the consultation, i.e. the Body Worn Video Pilot Deployment Plan. This second phase will once again take ten (10) weeks. The purpose of this document is to set out in more detail, the staged approach by which the Trust will pilot fully functional Body Worn Video Cameras along with the associated hardware, software and ancillaries. The Trust will then make the necessary improvements prior to full implementation. During this second consultation phase piloting, testing and improvement will take place. This plan outlines assumptions, dependencies and constraints along with structures, resources and requirements. It will take a risk management approach throughout.

The Northern Ireland Ambulance Service Health and Social Care Trust (NIAS) is committed to consult with and engage service users on its plan to implement Body Worn Video Camera (BWV).

1.2 Strategic Background:

In 2020, NIAS launched its Strategy to Transform 2020-2026, which identified a number of key priorities, and how the Trust intends to transform its service to deliver these and improve the care provided for patients.

One of the Trusts' key priorities is in relation to its workforce and, in particular, addressing the safety of staff as they go about their 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, the Trusts' Violence Prevention and Reduction Group has been developing a supporting strategy to provide the organisation with a range of specific projects and reviews which will drive improvement in staff safety. One of these projects is the implementation of Body Worn Video (BWV).

1.3 Business Context:

On average in Northern Ireland there are around 12 acts of aggression against ambulance staff per week (2021/22). These incidents result in members of the organisation being absent through sickness every day of the year, which clearly affects the community as it limits the service that can be provided

The Introduction of Body Worn Video (BWV) intends to address this significant and ever increasing risk to staff from violence and aggression by members of the public by the following:
- The presence of a highly visible camera which acts as a deterrent in itself.
- Through use of the technology, increasing the availability of evidence which could increase more formal interventions such as cautions, fines, community sentences and orders. This in turn should lead to a reduction in the number of assaults on staff.

1.4 Modification of Business Processes:

It is proposed that the following modifications to existing Trust processes are made as part of the Body Worn Video (BWV) pilot:

- Wearing of Body Worn Video Cameras on the uniform of a restricted number of emergency crews.
- Implementation of a software package to manage cameras / footage from the pilot.
- Redesign of incident reporting procedures to include deployment during the pilot.
- Implementation of draft BWV Policy and Standard Operating Procedures (will be refined as the pilot progresses).
- New body worn video camera risk, governance and assurance arrangements (further refined as the pilot progresses).
- Implementation of a communication strategy around BWV (setting out pilot phase and movement towards implementation as appropriate).
- Development of single points of contact for PSNI / PPS etc.
- Introduction of resources associated with the project (ICT, system admin etc.)
- Revised privacy and data protection arrangements (notices and SARs).
- Introduction of associated training packages for all staff (further refined as pilot progresses).
- In due course, the movement of BWV to 'business as usual' arrangements.

1.5 Project Management Methodology:

PRINCE2 project management methodology will be applied where appropriate in managing the risks and benefits associated with the project, and to date the following documentation is in place:
- A Project Initiation Document (PID).
- Project structure (including Project Board and Project Management Team).
- Project meetings (agenda, notes and action logs available).
- ICT product flow mapping.
- Change management process.
- Risk register and issue log.
- Action logs / timelines etc.

1.6 Summary:

A summary of the deployment plan is as follows:
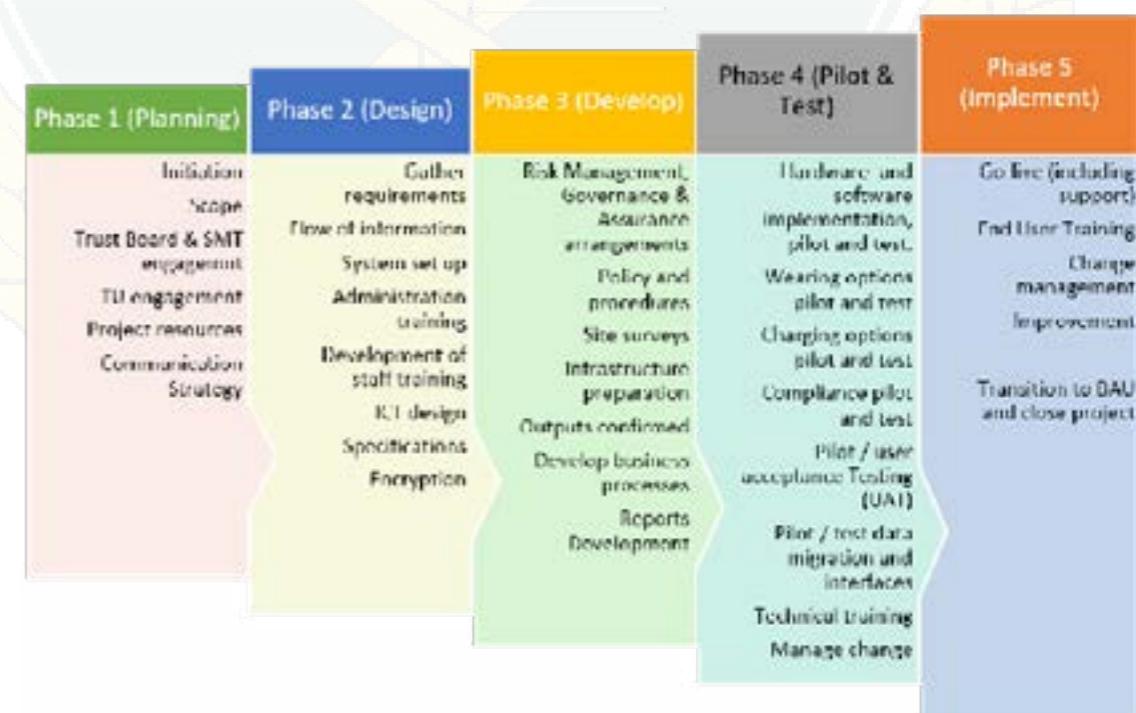
2.0 ASSUMPTIONS, DEPENDENCIES, CONSTRAINTS & RISKS:

2.1 Assumptions:

• No significant new developments in technology (market research).
• No significant change in direction nationally (monitoring ambulance services).
• No significant change in actual need (monitoring of aggression data).
• No significant change in cost of hardware / software (ongoing market research).

2.2 Dependencies:

• Ongoing Executive and Non-Executive Director support (Strategy agreed).
• Ongoing support from Operational Management structure (ongoing engagement).
• Support from Operational staff to willingly deploy new technology (consultation).
• Operational pressures (release of staff for engagement and training).
• Availability of job descriptions for project roles (under development).
• Suitability of facilities for installation (headquarters and stations)
• Suitability of infrastructure (information and communications technology).
• Supply chain / delivery dates (global supply concerns, global instability etc.).
• Move to business as usual (potentially delivered during Conflict Resolution Training).

2.3 Constraints:

The following constraints have been identified:

• Funding / financial approvals (budget is available up until March 2022).
• Recruitment timelines (Project Lead, Administrative Support and ICT support).
• Technology (ability to integrate BWV technology into NIAS ICT systems).
• Procurement timeline (current well publicised supply chain concerns).
• Demands on Risk Management Team.
• Demands on procurement partners (Procurement Manager, BSO, Finance etc.).
• Compliance with data protection and privacy requirements (DPIA).
• Compliance with statutory requirements (risk assessments / policy development).
• Compliance with contracts and licensing agreements (contract management).

2.4 Risks:

• Service User privacy concerns (policy, procedures, SOPs and training).
• User acceptance / staff privacy concerns (policy, procedures, SOPs and training).
• Function creep (defined scope of use, action taken if outside of scope).
• Evidential data accidently deleted (policy, procedures, SOPs and training).
• Loss of information / device (encryption in place).
• Timely access requests (Information Team established arrangements in place).
• Failure to adhere to data protection requirements (Trust governance).

A full data protection privacy risk assessment is available within the Data Protection Impact Assessment (available at http://www.nias.hscni.net).

3.0 PLANNING:

3.1 Trust Board & Senior Management Engagement:

NIAS Trust Board and Senior Management Team (SMT) have been involved throughout the project. In May 2021 NIAS Senior Management Team (SMT) and Trust Board agreed the Corporate Violence Prevention and Reduction Strategy. In November 2021 SMT and Trust Board were further consulted on the Body Worn Video Public Consultation and were content. In March 2022 SMT and Trust Board will be provided with a consultation summary and proposed BWV Pilot Deployment Plan. Senior Operational Services staff, ICT staff and Information Governance staff are members of the Project Team, and additional Operational Services senior management were provided with a project overview in early March 2022.

3.2 Trade Union Consultation:

NIAS Trade Unions / Staff Representatives etc. have been involved in all stages of the process. NIAS Trade Unions are members of the Violence Prevention & Reduction Group, and were invited to nominate members for the Project Team. Trade Union colleagues are working in partnership with NIAS management on the implementation of BWV in NIAS.

3.3 Project Resources:

The project manager is the Trust Risk Manager. The project is being operationalised by the Trusts newly appointed Violence Reduction Officer. Information and Communications (ICT) support is in place from the ICT Department and project administration is being undertaken by support staff from the Risk Management Team (until the appointment of a project support administrator).

3.4 Communication Strategy:

The Body Worn Video Communication Strategy as follows:

• Development of internal webpages (SharePoint).
• Inclusion of associated documentation on JRCALC (app for clinical staff).
• Regular internal email communications.
• Corporate WhatsApp (all staff have been invited to participate).
• Posters for stations (coloured / laminated).
• MDT for short messaging (advising that areas are live etc.).
• Sharing of information from ongoing monthly meetings (agenda, minutes etc.).
• TU consultation at all stages (members of project team).
• Area Manager / Line Management (presentations to Ops Meetings).
• A central BWV email will be set up / monitored by the Risk Management Team.

4.0 DESIGN:

4.1 Flow of Information – Data Captured By Body Worn Video Following An Incident Of Violence / Aggression

Information flow has been considered and agreed as follows.
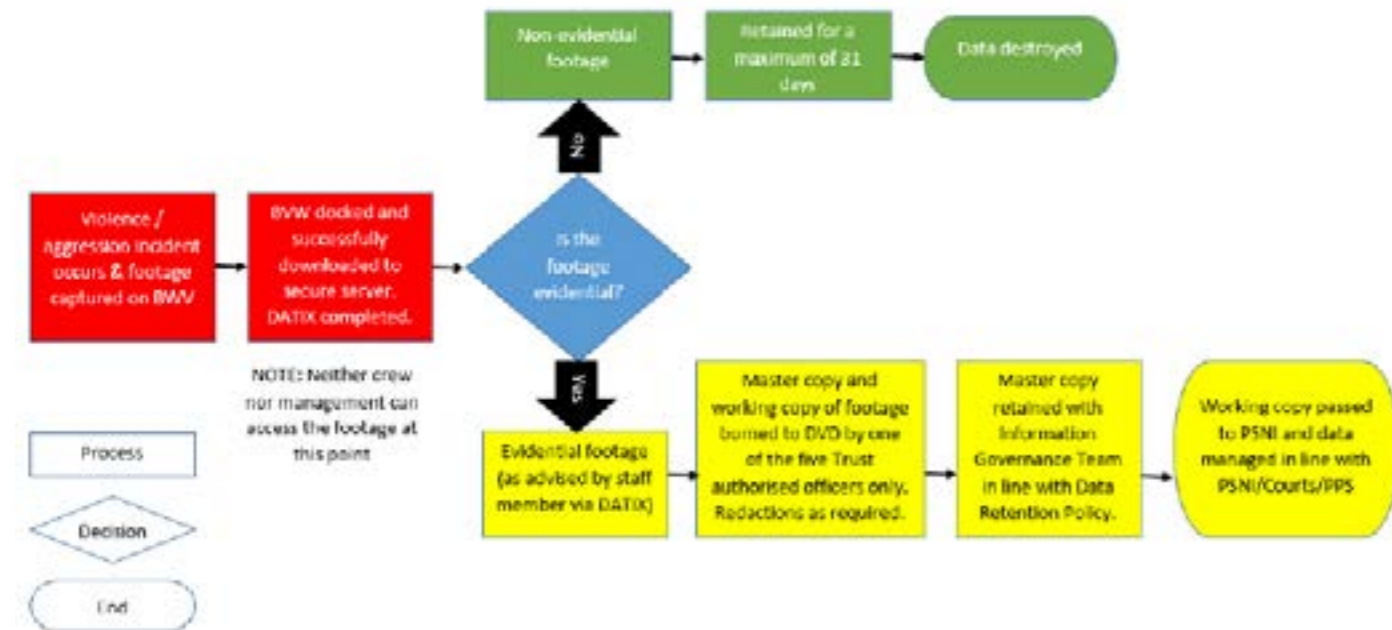
Please note the following:

• Each device will remain allocated to the staff member for the full duration of the shift and must not be shared with other staff members during this time.
• The device will **only be operated by the staff member if there is a threat of violence and aggression, or actual violence or aggression**, and the situation warrants the activation of the device to start recording.

4.2 System Setup & System Administration Training (Supplier Led):

System Setup and System Administration Training for back office staff including Information Governance and Risk Management staff is planned for March 2022. Training will include the following:

• Introduction to body worn video camera systems software and hardware (overview, login, help etc.).
• Manage video and create incidents (find and review videos, share video, create an incident, find and edit, clip, redact, annotate etc.).
• Manage users (create roles, create groups, create users, assign RFID, disable users, passwords etc.).
• Manage devices (create device profiles, customise charging, remove cameras, update cameras, dock controllers etc.).
• Manage systems (data, storage, bandwidth rues, deletion etc.).
• System reporting (audit logs, system reports and functions).
• Routine maintenance (cleaning, inspection of cameras and docking stations and battery health).
• Troubleshooting (unexpected camera behaviour, errors, swipe failures, space warnings, escalation).

4.3 Design / Pilot / Test of Training Package For Operational Staff (Trust Led):

An eLearning training package has been developed and is being tested at this time by operational staff, Regional Ambulance Clinical Training Centre staff and health and safety colleagues (March 2022). The package includes the following:

• Project background.
• Impact on staff and our community.
• Violence Reduction Group, Strategy and 'Stop the Abuse Now' campaign.
• National and regional arrangements.
• Benefits of body worn video.
• Legal framework.
• General principles.
• How to use the camera (fitting, functions, recording, lights and sounds)
• Health and safety.
• Personal protective equipment (PPE).
• When to record.
• Flow of information.
• How to dock and upload footage.
• Incident reporting.
• Objections or requests to record.
• Digital Evidence Management System (DEMS).
• Loss / theft of device.
• Complaints.

The training will be piloted with a small group of staff April / May 2022 and any required updates made. A copy of the draft training package can be provided on request as it remains under development and is subject to change at this time.

4.4 Camera Specification:

Motorola VB400

Dimension	68 x 89 x 25 mm
Weight	160g (incl Mount)
Memory Size	64 GB
Video Quality	Full HD recording capability (1920x1080, 25fps) High Resolution (720p, 30fps) currently configured
Battery Life	Up to 12 Hours (less with X-100 attached)
IP rating	IP 67 MIL-STD-810G
Field of view (H)	120 deg horizontal, 65° vertical, 140° diagonal
Secure Footage	AES 256 encryption

4.5 Encryption:

The video will be encrypted during capture on the device to AES 256 standard using a paired key with the Video Manager server (advanced encryption standard). The traffic will then be encrypted in transit to the server over SSL TLS1.2 (secure internet connection with cryptographic protocols). The Video Manager will then decrypt the video upon download (assuming a matched paired key). The video will then subsequently be re-encrypted during transfer to the storage to AES256 in the database.

5.0 DEVELOPMENT

5.1   Policy, Procedures & Operational Risk Assessment:

A suite of documents have been drafted to be tested during the pilot covering the following areas:

- Purpose and scope, including proportionality, legitimacy and legal basis.
- Roles and responsibilities (including Information Asset Owner).
- Key principles such as:
    - o Arrangements for legislative compliance (data protection).
    - o Governance arrangements (Assurance Groups, Audit & Risk Committee).
    - o Provision of information, instruction and training.
    - o Device issue.
    - o Operational use.
    - o Signage.
    - o Incident reporting (use of BWV fields in DATIX).
    - o Objections to recording.
    - o Docking / upload.
    - o Transfer of information.
    - o Software systems.
    - o Loss / theft / security.
    - o Subject access requests and freedom of information.
    - o Health and safety risks and mitigations.

Drafts of these documents can be provided on request as they remain under development and test and are subject to regular change at this time.

5.2 Governance & Assurance:

Governance around the implementation of body worn video will be as follows:

- Policy, procedures and training prior to issue of BWV devices.
- Staff will be required to sign in agreement with the terms and conditions of use as detailed within this policy and confirm training on the devices.
- On completion of training, each member of staff will be allocated a unique ID card, which will be used to access the radio frequency identification (RFID) reader on the BWV Digital Evidence Management System (DEMS) which will automatically assign a specific BWV device to them (no sharing permitted).
- The DEMS retains an audit trial for each BWV device, recording who it has been assigned to and when the device was returned to the docking station.
- Authorised staff will only be able to access and use the DEMS once they have been trained and setup with a login / password.
- Incidents and arrangements for the management of violence and aggression are overseen by the Violence Prevention & Reduction Group and the Health and Safety Committee (statutory requirement).
- During the pilot phase, arrangements with regards to data protection and privacy will have strict oversight from the Information Governance Group and Informatics

Assurance Group. Statistics and information access requests for all of the incidents occurring during the course of the pilot will be presented and reported upon by the Project Manager to ensure adherence to information governance and data protection requirements; improvements will be made as necessary. During the pilot phase each incident will be individually reviewed by the Project Manager and Project Lead, with support from Information Governance as necessary before release.
• Reports will be provide to Audit and Risk Assurance Committee and Trust Board as directed by the agreed committee cycle framework.

5.3 Site Surveys:

With regards to the pilot site, a survey will be conducted of the ambulance station / site to ensure suitable space and ICT infrastructure. The suitability of the following will be assessed:

- Space.
- Storage / shelving etc.
- Data points.
- Electrical outlets.
- Requirement for changes (additional services / ducting etc.).

A proposed layout will be developed and discussed / agreed with local operational management and ICT.

In the event of the successful completion of the pilot phase, further surveys will take place.

5.4 Infrastructure Preparation:

Arrangements will be made centrally to build the necessary server space with specifications define by suppliers.

A review of ID badges will be undertaken to determine suitability with regards to the implementation of RFID / Programmable ID Badges.

Installation of pilot equipment and associated software is planned for March 2022. In the event of the successful completion of the pilot phase, further infrastructure preparation will take place.

5.5 Anticipated Outputs (Pilot & Full Implementation):

The pilot phase of the body worn video implementation will require around 21 cameras with stickers and fixings, two docking stations, two dock controllers and one RFID reader.

For the full implementation of the cameras the outputs will likely be as follows:

- 450 Body Worn Video devices (portable, lightweight, record audio etc.).
- 33 Docking Stations (to house / charge / dock cameras).
- 33 Dock Controllers (Ethernet connection to communicate with the server).
- 44 RFID Readers (for camera assignment – connects to Dock Controller).
- Digital Evidence and Asset Management Software and associated licensing.
- 450 ancillary items (fixings and harnesses for mounting cameras to uniforms).
- Stickers to affix to cameras (advise others of the potential for recording).

6.0 TEST:

6.1 Evaluation of Wearing Options:

There are a number of ways to attach the camera to the body / uniform. A selection of these attachments will be procured for the pilot and for ongoing user acceptance testing. Options are as follows:

- Magnetic mounts.
- Radio loops.
- Epaulette doc.
- Shoulder harness.
- 4 point chest harness.
- Belt loop.
- Crocodile clip (see picture below for further information).

Close-Fit Magnetic Mount | Close-Fit Double Molle Mount | Klick Fast QR Tilt Mount | Klick Fast QR Stud | Klick Fast QR Sports Pillar | Klick Fast QR Wide Tilt Mount

6.2 Evaluation of Charging Options:

The pilot will consider battery life. Testing will take place with charging options under evaluation as follows:

- In vehicle.
- On site.

6.3 Evaluation of Adherence to Policy / Procedures:

During the pilot, adherence to policy, procedures and training will be assessed. Information governance audits will be conducted (with the support of the Information Governance Team) and any remedial action taken.

Action will be taken by the Risk Management Team / Information Team to ensure learning for staff either not deploying cameras correctly and / or gathering footage inappropriately. Policies / procedures will be reviewed / updated as necessary.

6.4 Proposed Deployment for Pilot & User Acceptance Testing (UAT):

Proposed deployment for pilot and user acceptance will be as follows:

• Pilot User Acceptance Testing Phase 1 – NIAS Headquarters (March 2022).

• Pilot User Acceptance Testing Phase 2 – One Belfast Area Ambulance Station (Bridge End). During the course of the second phase of the consultation, i.e. April / May 2022.

6.4.1 Deployment Rationale for Pilot & User Acceptance Testing (UAT):

Pilot User Acceptance Testing Phase 1 – NIAS Headquarters – initial piloting and testing will take place in Trust Headquarters in order to ensure all hardware and software has been installed and is working correctly (March 2022).

Pilot User Acceptance Testing Phase 2 – One Belfast Area Ambulance Station (Bridge End) – a review has taken place with regards to the best location for a pilot to be conducted (during the course of the second phase of the consultation, i.e. April / May 2022).

The Bridge Ambulance Station in Belfast has been selected for the following reasons:

• Staff are engaged and have asked to be involved.
• Station management are engaged and are keen to lead the way due to the current levels of violence and aggression in their division.
• 60% off incidents of violence and aggression occur in Belfast which will enable incidents to be captured and learning to take place quickly (use of other stations / divisions may delay the project).
• Suitable infrastructure already in place.
• Geographically favourable with regards to support from the Information Communications and Technology Team and the Risk Management Team.

7.0 IMPLEMENTATION:

7.1 Go Live Decision:

A decision on 'go live' will be taken on completion of this second consultation phase (i.e. end of May 2022). This will involve a positive affirmation of the above two phases of user acceptance testing, along with confirmation of suitability of, and compliance with, data protection and privacy arrangements. Updates / improvements will be made to policies, procedures and training as necessary during the consultation.

Further deployment will then be as follows:

1. One station in each division
2. Across five divisions, 4-10 stations in each division.

Cameras and docking stations will be allocated at station level.

A review of emergency crew staffing levels will take place to ensure appropriate allocation. Peripatetic staff will be allocated to the nearest station (for example Hospital Ambulance Liaison Officers).

7.2 Contract Management:

Equipment / supplier performance will be monitored through regular contract management meetings with suppliers.

Additional work will be undertaken to establish the necessary schedules dealing with supplier Key Performance Indicators (KPIs).

7.3 Business As Usual:

Movement of training to business as usual (presentation of requirements during Trust Education Learning and Development Meeting in March 2022). Assistant Director of Education Learning & Development present.

8.0 QUESTIONNAIRE:

1.	Were you aware that in 2021/22 688 incidents of violence and aggression towards Ambulance Service Staff occurred? Please tick:
Yes	
No	

2.	Do you agree with our proposed deployment plan to address the issue of violence and aggression towards ambulance staff? Please tick:
Yes	
No	

3.	Do you have any comments on our proposed arrangements for data protection and information governance?

4.	Do you have any further comments to make?

	I am providing feedback as:
Service user / member of public	
Member of Staff	
HSC Organisation	*Name of Organisation*
Public Authority	*Name of Organisation*
Trade Union representative	*Name of Organisation*
Community / Voluntary Sector	*Name of Organisation*
Other Organisation	*Name of Organisation*
Full Name (block capitals)	
Contact details	
Address	
Email address	
Telephone number	