

CCTV and Surveillance in Health Care

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BMSW4003

Digital Skills and Research Methods
Level 4: Certificate in Higher Education:
Health and Social care



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1.INTRODUCTION AND LITERATURE REVIEW

CCTV

Today cameras are something not to ignore, there are everywhere. In the 21st century you can find them installed in many devices such as smart phones, televisions, Smart glasses, smart watches, etc.

CCTV (Closed Circuit Television) is the use of video camera to transmit a particular signal to a certain receiver/device on a group of monitors.



Figure 1

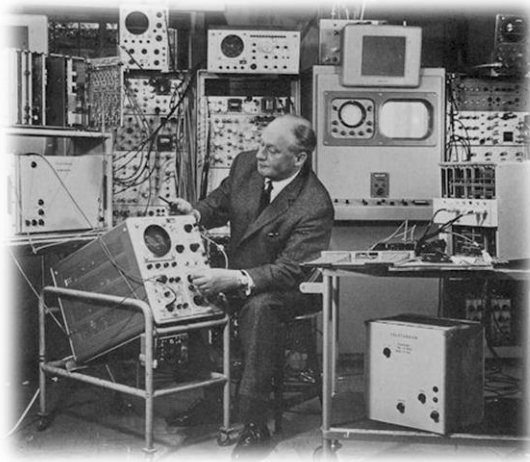


Figure 2

“In 1942 Walter Bruch was the first person who designed the first CCTV camera officially known to the world. This was installed on a V-2 war rocket for its launch monitoring purpose. The whole project was developed by Siemens AG in Germany.” (Anon, n.d.)

Bruch was a technician who broadcast The Summer Olympic Games of 1936 in Berlin. (www.youtube.com, n.d.)

Surveillance System

Any hardware or software which is associated with CCTV for recording, supporting, retrieving, and analysing the footage are together called surveillance systems. In the beginning phase, they could about utilize the developments for live checking and monitoring. The use of CCTV truly extended during 1990s liberation of surveillance industry which made it an ease for councils, shops, and organizations to install cameras. The fact is every day you are going to work and walking through the streets in the UK to get to your destination then coming back to your home, your image will probably be being recorded 300 times a day. (The Independent, 2004)

2.RATIONALE

There are two principal types of surveillance:

- Overt (for example, Closed Circuit Television, CCTV)
- Covert (individual subject to the observation does not know it is being used)
(www.mi5.gov.uk, n.d.)

CCTV cameras in clinics and GP practices, can be a valuable tool in assisting with stopping or screen wrongdoing in public areas. The government's Surveillance camera code of practice was published in 2013 with 12 principles to comply and applies to local authorities and the police. (www.themdu.com, n.d.)

Health surveillance is any action that includes obtaining data about an individual's wellbeing to help protect them from health risks. Some are vital by law (Health surveillance) and others are as good practice (Health checks).

Carrying out health checks can help make sure that any possible health risks are detected as early as possible. (Healthyworkinglives.scot, 2019)

The Health and Safety Executive (HSE) have guidance on statutory medical examinations. (www.hse.gov.uk, n.d.)



Figure 4 Using CCTV for individuals monitoring

3.OBJECTIVE

Video Surveillance as a service (VSaaS) which are a cloud-based surveillance, in recent years with higher versatility and adaptability in managing constant data handling has transformed the industry.

Modern VSaaS can prove to be a powerful tool for prevention of patient wellbeing health hazards such as unusual activity and interfering with connected life supporting devices, a VSAAS system can reduce the costs which also provides constant observation, security and wellbeing expansion, prevention of fraudulent claims and long-standing computerized filing. (Dašić, Dašić and Crvenković, 2017)

Smart Video Surveillance System (SVSS) that take high-quality image or video of the targeted moving object in the area for further criminological investigations using PTZ camera (Pan -Tilt-Zoom). Some of the key methods, including recognition of moving items in the video, tracing in two and three dimensions, item categorization, and item formation analysis, is a new high-tech technology for smart video surveillance.

4.METHODOLOGY

Information obtained through google, accessing academic articles, reports, and governmental guidelines about using CCTV surveillance in health care system.

These articles are:

- A. Using surveillance in care services (Cqc.org.uk, 2019)
- B. Ethical and Legal Duty (Gmc-uk.org, 2019)
- C. Electronic surveillance in health and social care settings: a brief review by SCIE (Social Care Institute of Excellence) for CQC (Care Quality Commission)
(Electronic surveillance in health and social care settings: a brief review, n.d)
- D. Using surveillance in care to deter and detect poor care (Use of surveillance in health and care settings: Guidance for UNISON representatives, n.d.)
- E. Diversity& Equality in health and care by suki Desai, BA MA (Desai, 2009)
Senior Lecturer, Department of Social Sciences, University of Hull, UK

5.SECONDARY DATA ANALYSIS

A: Using surveillance in care services

This guideline starts from following The Regulation of Investigatory Powers Act (RIPA) 2000 which authorise local bodies, how to use surveillance, how to implant them regarding your needs in your setting and getting legal advice to help you decide about necessity. (GOV.UK, n.d.)

Surveillance for individual's safety is a part of their care which must meet policies under Health and Social Care Act which this Information regulated by ICO. (lco.org.uk, 2019)

B: Ethical and Legal Duty

General Medical Council (GMC) mentioning any use of CCTV footage must abide by confidentiality guidance which has been mentioned in part A, about consent of individuals about overt surveillance which care services must follow eight principles of these guidelines. (General Medical Council, 2018)

C: Electronic Surveillance in Health and Social care settings

There are debates about surveillance in care settings which draw thin lines:

- Technical debate
- Debate on rights
- Debate on management

Surveillance in care home can reduce abuse against vulnerable people, which is a necessary action regarding safety of patients, therefore funding this technology is essential.

D: Using surveillance in care to deter and detect poor care.

These debates raised a few recent abusive, neglectful and scandal-hit incidences in various care homes and hospitals ie: (Winterbourne view, Orchid view, and mid-Staffordshire NHS Trust). So consequently the CQC issued a guidance policy on the use of surveillance to monitor care quality and detect further issues.

E: Diversity & Equality in Health and Care

Surveillance became more crucial and critical when it came to psychiatric wards specially in bedrooms and seclusion rooms, communal areas are raising different debates regarding group of individuals with mental health disorders. This paper (Desai, 2009) signifies the absence of investigations and assessments of how to utilize surveillance in psychiatric wards and importance and challenging environment which must be safe for patient and staff.

6.DISCUSSION

Applying guidelines needs appropriate research and reflective thinking which draw many debates, one is technical debate, this Must be an individual(s) training for using surveillance which has to be followed.

In care systems you can be authorised to apply openly surveillance (overt surveillance) in your setting which means you cannot use hidden cameras or other recording devices in your service which you need individual consent to do this. (Cqc.org.uk, 2019)

Covert surveillance in care setting should be applied to identify rare incident or allegation.

By installing surveillance there would be both positive and negative impacts on staff.

On the positive side, quality of care probably will arise, due to fear of misconduct and error which also would be evidence of their quality of their actions and adequate conduct. (Electronic surveillance in health and social care settings: a brief review, n.d.)

On the negative side, staff are obligated to follow rules regarding surveillance and being monitored, because of their employability contract. Evidently signing a contract means, giving their consent to provide jobs for them but when it comes to human rights article 8(1), their rights being ignored with regards to their choice, will affect their privacy. (Desai, 2009)

Article 8 (1) of the European Convention on Human Rights includes the 'right to respect for private, family life, home and correspondence'. Respect persons right on private life, this includes even patients detained under the Mental Health Act 1983.

There are a range of government policies which cannot articulate, regarding to surveillance in health care settings, which being cited by SCIE to CQC as a brief review regarding Desai (2009) papers. Desai underlined that government has not had a "specific, coherent...policy or strategy". (Desai, 2009)

She also notes that the Information Commissioner's Office (ICO) specified it must be applied only after "alternative ways of improving security" have been explored, and that it must follow in "minimum interference with privacy and rights." (Electronic surveillance in health and social care settings: a brief review, n.d)

There may be cases when relatives install hidden cameras in healthcare settings. If they do this without the knowledge of the service provider, members will find it harder to enforce their rights. (Use of surveillance in health and care settings: Guidance for UNISON representatives, n.d.)

Furthermore, Human Rights Act obligations do not apply to private individuals, only to public members. The CQC guidance reveals that if the service providers noticed any hidden devices, they need to conduct an investigation and determine matters. Yet, if a patient's relative requires installing a device, the care provider would need to convince itself that this is acceptable. The ICO clarifies that utilizing surveillance camera or devices on the grounds that a customer or client has requested it will not meet the DPA necessities.

It is hard to establish the full degree of the employment of CCTV monitoring in mental wards in England and Wales, as there is no single body that gathers and screens this data. (Desai, 2009)

A survey in 2008 of 100 NHS mental health trusts discovered: (Desai, 2009)

- 34 of them used CCTV monitoring in patient area
- These included 157 wards in 85 hospitals,
- 6 of these hospitals installed CCTV cameras in some or all patient bedrooms
- 9 hospitals confirm CCTV installed in seclusion rooms
- 37 remaining trusts confirmed they did not install any surveillance camera in patient area, except in outside hospital grounds and reception area.

(information taken from a preliminary audit undertaken by the University of Hull in 2008)

There may be some cases where using surveillance can be misused by care settings to monitor other members or patients or as a phishing investigation which will deny privacy and rights, especially in psychiatric wards when they are monitoring certain patients in their rooms to make a judgement and comparison of their behaviour in communal areas and private rooms.

CCTV were installed on psychiatric intensive-care unit (PICU) as an extra security measure, following the murder of a mental health nurse by a patient on one occasion. (Desai, 2009)

Surveillance became a critical task wherever this monitoring took place by whomever. This raised other issues such as discrimination against certain groups of people in public such as people with darker skin, or in psychiatric wards where monitoring by security officers without any knowledge of patient's diagnosis. Interaction between patients in these wards must be followed through with good professional judgement.

7.1 CONCLUSION

Surveillance in health care settings is essential regarding safety and improving health.

Using technologies requiring legal advice from certain approved departments, is essential which must be applied through training for the members/staff to understand the purposes of CCTV.

Following ethical and legal duty in line in the use of surveillance is critical, which brings concerns about individuals rights and privacy.

Improving care quality with high standards are also another beneficial element using this technology.

Psychiatric wards can benefit from this technology by adjusting and applying their needs and their care.

7.2 RECOMMENDATION

There is no doubt that using surveillance will improve the safety and health of patients and staff which in turn also helps the monitoring of patients in specific clinical settings such as psychiatric wards, these wards are not dissimilar to local GP setting but using surveillance in these wards must be used with a more careful approach.

In wards which use surveillance providing both care and safety, can bring a tremendous benefit. Some Patients may object to being under constant observation, but the positives far outweigh the negatives.

Overall CCTV monitoring may reduce violence in streets and neighbourhoods but in a care setting will minimise one's privacy that would be ordinarily available to patients, and staff.

Advanced research is essential and compulsory in the use of CCTV and how it can affect and impact frontline staff especially nursing staff and patients alike.

This research ideally should assess different setting types.

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