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	Norfolk and Norwich University Hospitals NHS Foundation Trust Residencies			
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None	Not applicable

Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

Consultation

The following were consulted during the development of this document:

• Accommodation Manager – Manager of NNUHFT Residencies

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- Assistant Accommodation Manager Assistant to Manager of NNUHFT Residencies
- Maintenance Compliance Supervisor responsible for maintaining compliance throughout the NNUHFT Residences and maintenance of the accommodation buildings
- Maintenance Engineering Supervisor maintenance of the accommodation buildings
- Shire System Administrator PPM purposes
- Housekeeping Supervisor to maintain a high level of cleanliness throughout the accommodation buildings
- Security company- Check Your Security
- NNUHFT Security Security Manager and Emergency Planning Officer Trust Management
- Serco Head of Security

Monitoring and Review of Procedural Document

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g. changes in legislation, findings from incidents or document expiry.

Relationship of this document to other procedural documents

This document is a non-clinical standard operating procedure (SOP) applicable to the NNUHFT Residences; please refer to local Trust's procedural documents for further guidance, as noted in Section 5.

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1. Introduction

1.1. Rationale

The Norfolk and Norwich University Hospital NHS Foundation Trust has provided onsite accommodation for staff since March 2003. There are 3 accommodation blocks referred to as – Eade, Bulman and McKee. These consist of 144 double rooms, 24 kitchens/communal areas, plus the accommodation office.

The Operation of CCTV document is to give guidance on the usage and remit of the electronic security system used at the NNUHFT Residences to monitor the accommodation site for the safety of the staff, residents, and visitors.

1.2. Objective

CCTV has been installed to reduce the fear of crime generally and to provide a safe environment for the benefit of those who reside, work or visit the residences with a consistent approach to respect for individuals' privacy. These objectives will be achieved by the monitoring of the system.

- Add Security
- Protect The Premisses, Staff, Visitors
- Reduce Crime

1.3. Scope

The NNUHFT Residences - Operation of CCTV SOP applies to all staff working at the accommodation site and tenants/visitors residing in the accommodation. The CCTV creates a safer environment for All with the obligations to follow the imposed Data Protection Act 2018.

1.4. Glossary

The following terms and abbreviations have been used within this document:

Term	Definition
Security	Measures taken by use of CCTV cameras to provide a
	safe environment at the residences site.
CCTV	TV system in which signals are not publicly distributed but monitored
Residences	3 accommodation blocks – Eade, Bulman and McKee owned by the Trust
Accommodation blocks	A group of rooms in a building in which residents stay
NNUHFT	Norfolk and Norwich University Hospitals NHS Foundation
	Trust
SOP	Standard Operating Procedure
EIA	Equality Impact Assessment

2. Responsibilities

Manager (RP): Sarah Smith Operational (AE): Malcolm Wright

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3. **Policy Processes to be followed**

It is recognised that the CCTV and operations will show personal data, and this is subject to law on the Data Protection Act. Any copies/monitoring required will be handled in accordance with the departments working procedures, which will ensure the integrity of the system/individuals. An activity logbook is kept to ensure any purpose of recording/viewing, this will serve the purpose for any images if required by police/other parties where authorisation has been given for evidential requirements. All activity from viewing/recording images will be logged with Time/Date/ and names of individual checking the images, also logs will be recorded of individuals requiring copies of events/activities. All recorded images/viewings will ONLY be reviewed by the Manager or in their absence by the Operational AE.

3.1. **Communications**

Depending on severity of the issue/crime involved the communication flow would be as follows-

Contact Security, Management, followed by a Datix report of the concern and for more serious events Police, Fire Brigade/Ambulance services will be called when/where necessary, Insurance Company.

Training & Competencies 3.2.

Trained staff are as follows - Manager, Operational AE, Check Your Security.

All staff will be made aware of the sensitivity of handling CCTV images/recordings.

The Manager will ensure that the AE is fully briefed and trained in respect of all functions, both operational and administrative arising within the CCTV control operations. Training is requirements of the Data Protection Act, and this Code of Practice will also be provided.

3.3. Liaison

CCTV adds a collective dimension for the NNUHFT/Police in partnership to form an improved residential safety.

3.4. Recording

The CCTV is supported by digital recording facilities which also has a slow timelapse function. In addition, incidents can also be recorded in 'real time' where necessary. Any recordings/copies taken MUST be logged. Images will only be stored for a maximum of 30 days, after this there is no function to restore lost images. Copies of digital images will only be made for purposes of crime detection, evidence in relation to matters affecting safety, evidence for prosecution or where otherwise required by law. Any required recordings will be completed using a memory USB and they will be logged, which will include date, time, user. The aspects of this SOP reflect the Data Protection Principles of the <u>Data Protection Act 2018</u> The <u>Private Security Industry</u> Act 2001 and the Freedom of Information Act 2000.

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4. References

Data Protection Act 2018

Private Security Industry Act 2001

Freedom of Information Act 2000

5. Monitoring Compliance

Compliance with the process will be monitored through the following:

Key elements	Process for Monitoring	By Whom (Individual / group /committee)	Responsible Governance Committee /dept	Frequency of monitoring
This Policy is current, to be amended when there is a change of government legalisation or other documentation i.e. Procedures which have since been created which need to be incorporated into this document.	To update document if there is any alteration in legislation, procedure or technical changes. Update SOP with any changes to government legislation affecting the operational running of the NNUHT Residencies. Newly created SOPs – to be added once they have been approved and submitted to Trust docs.	Maintenance Compliance Supervisor	Estates & Facilities Governance Group	This will be annually completed or where any necessary changes occur

The audit results are to be discussed at Estate & Facilities Governance Group meetings to review the results and recommendations for further action.

6. Appendices

- 1- Data Administration pack, provided by Check Your Security Hard copy in Office
- 2- Accommodation Privacy Notice Form

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7. Equality Impact Assessment (EIA)

Type of function or policy	New SOP
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Division	Estates & Facilities	Department	Residences
Name of person completing form	Neville Willer	Date	11/09/2024

Equality Area	Potential Negative	Impact Positive Impact	Which groups are affected?	Full Impact Assessment Required
	Impact			YES/NO
Race			No	No
Pregnancy &			No	No
Maternity				
Disability			No	No
Religion and			No	No
beliefs				
Sex			No	No
Gender			No	No
reassignment				
Sexual			No	No
Orientation				
Age		Age restriction in place	17yrs and below	
Marriage & Civil			No	No
Partnership				
EDS2 – How do impact the Equali Strategic plan (co EDS2 plan)?	ty and Diversity	N/A		

- A full assessment will only be required if: The impact is potentially discriminatory under the general equality duty.
- Any groups of patients/staff/visitors or communities could be potentially disadvantaged by the policy or function/service.
- The policy or function/service is assessed to be of high significance

IF IN DOUBT A FULL IMPACT ASSESSMENT FORM IS REQUIRED

The review of the existing policy re-affirms the rights of all groups and clarifies the individual, managerial and organisational responsibilities in line with statutory and best practice guidance.

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