Electronic Door Access Control and System Policy

This procedural document supersedes: CORP/HSFS 22 v.3 - Electronic Door Access Control and System Policy.

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Executive Sponsor(s):	Alex Crickmar – Acting Director of Finance
Author/reviewer: (this version)	Kerry Williams –Local Security Management Specialist (LSMS)/ Contract Manager
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Approved by:	H&S Committee
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Target audience:	Trust-wide

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 4	October 2022	- Change of Executive sponsor. - Removal of key fob access. - Changed Estates BDGH to General Office. - Amended access to system. - Amended administration arrangements. - Revised Appendix 1 – New Authorisation Access Control-ID Card. - Added Appendix 3 – Door Access Permissions. - Removed Door Access System Specification appendix.	Kerry Williams
Version 3	25 January 2021	Minor typographical changes	Kerry Williams
Version 2	26 July 2016	- Change of job title - Fire and Security Manager to Local Security Management Specialist. - Change of Service Department to Estates	Kerry Williams
Version 1	October 2012	This is a new procedural document, please read in full	D Clayton

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1   INTRODUCTION

The need to maintain a safe environment for the protection of the personal safety of patients and staff within in-patient areas is of the utmost importance to Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.

The Trust recognises its responsibilities and duty of care in ensuring that in-patient areas are safe and secure environments for the delivery of patient care and acknowledges the need to enable the means to be available in providing both safety to the public and the need for protection from the public. In order to achieve this there is a need to control the access to and egress from some in-patient areas.

An access control system is an electronic system whereby doors are permanently held in the closed or locked position and access, or egress can only be gained via the use of a pre-programmed Identification (ID) card (for staff and contractors) or single use manual override which is operated from the nurses station on wards, reception desk in departments or a Central Control Room.

This procedure confirms that designated senior managers are responsible for access control in their area of responsibility and that they decide which members of their staff have access and also decide the level of access appropriate to them.

Areas of dispute will be referred to the Local Security Management Specialist (LSMS) and Head of Compliance and then if required escalated to the nominated Security Management Director for a decision.

It is important to recognise that there is a difference between 'electronic door access controls' lock down and door security. This policy is not a door security or lock down policy.

Door security will usually require a number of other measures such as key operated door security (lock), security alarm systems and department procedures. Further advice on the type of security requirements for your department can be obtained from the LSMS.

Control access systems are referred to in the Security Policy (Level 1) - CORP/HSFS 15.

2   PURPOSE

- To monitor patient movement – patients who wish to leave a ward need to contact a member of staff.
- Improve safety and security on wards – visitors cannot access the wards at will.
- The control and protection of Trust property and assets.
- General staff safety and additional protection for lone workers.
- To help infection control by encouraging the use of hand washing stations and by controlling visiting times and visitor numbers.

3   DUTIES AND RESPONSIBILITIES

3.1   Ward or Departmental Manager

Each Ward or Departmental Manager has responsibility for: -

- The safety of staff and patients in their area.
- Ward and Departmental Managers are responsible for retrieving access/ID access cards from staff who are leaving the Trust.
- Informing General Office of any changes relating to access cards, i.e., lost, damaged or reprogramming requirements such as when a member of staff leaves, and their access/ID card needs decommissioning.
- Ensuring a Datix report is completed for any lost/missing ID cards.

3.2   General Office

General Office are responsible for: -

- Operating the computerised software for their respective site as a whole. See administrative arrangements below.
- Keeping up-to-date electronic register of wards, departments.
- The programming of access/ID cards.
- Ensuring that all access/ID cards are programmed according to the written instructions of the manager upon receipt of the completed authorisation form.
- Ensure that the individual access/ID card holder signs the appropriate form and receives a copy of the associated rules and regulations (see Appendix 2).
- Ensuring that only authorised General Office administrators and agreed stakeholders have access to the system.
- Reporting faults with the system.
- Extracting data from the system as necessary when authorised by the senior manager.
- Ensuring the system is operated in accordance with the Data Protection Act.
- Ensuring any lost/missing ID cards are reported via Datix.

4   PROCEDURE

All DBTH staff members will be allocated an access area on commencement of employment dependent upon job role, (see Appendix 3), should additional access be required this must be agreed by the relevant Departmental Manager or LSMS.

Staff should make an appointment with General Office to have their ID card programmed and also take a completed authorisation form with them at the appointed time (see Appendix 1).

4.1   Administration Arrangements

The Paxton Net 2 access control system will be managed centrally by General Office with locally controlled areas who will be granted agreed landlord rights and will include the following areas but not limited to: -

- ED Administration
- Education
- MRI
- Mortuary
- Pathology
- Pharmacy
- Theatres
- Orthopaedic Secretaries

General Managers or Department Managers must authorise access levels via the above control systems.

The condition of issue and use are explained to staff, (see Appendix 2) outlines the conditions of the issue of access/ID card to staff by the General Office. This document is an access control system agreement of 'use' signed by member of staff.

4.2   Main Theatres - DRI, Women's & Children's Hospital, Pathology, MRI, Mortuary and Pharmacy

These areas have their own access control administration arrangements. Main Theatres, Women's Hospital, Pathology, MRI, Mortuary and Pharmacy should follow the principles of this policy and substitute their department for General Office or instruct General Office for the granted permissions.

4.3   Access Permissions to Other Areas

Where Senior Managers consider it necessary for their staff to access other areas outside their allocated access zone, the agreement of the Responsible Manager for that area will be obtained before access is given. Before new or access control doors are made operational, the Ward or Departmental Manager should ensure that all relevant personnel are made aware so that their ID card is programmed.

It should be noted there is a need for some services or individuals to have access to most or all areas of the hospital e.g., Crash Team, Clinical Site Managers, Estates, Security and Facilities, Education staff.

4.4   Acquisition and Installation of Door Access Equipment

Consultation before installation must be sought with: -

- The Local Security Management Specialist (LSMS) and Fire Safety Advisor to ensure standard specifications are complied with and all access control systems are compatible.

- All Access Control Systems will be installed in co-operation with the Trust's IT Services Department through their secure links.

- Estates Managers will ensure appropriate advice is sought via the Fire Safety Advisor and LSMS that systems are compatible with the Fire & Security Policies.

Note: Prior to installation of equipment, doors should be risk assessed by the Fire Safety Advisor who can advise what types of overriding systems are required.

5   MAINTENANCE / ON-GOING COSTS

General/ minor maintenance works will be undertaken by Estates Department.
New works will be the responsibility of the Department/ Division.

6   TRAINING/SUPPORT

Estates and Facilities have overall ownership of the Net 2 access control system and will be available to undertake training for Departments / Divisions who have allocated landlord rights for access permissions, and the updating of ID access cards.

7   MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where reported to
The type, number and positioning of access controls will be monitored to ensure compliance with this document.	Local Security Management Specialist (LSMS). Fire Safety Advisor	Annually	Visual check and results reported in the Security section of the intranet.

8   DEFINITIONS

Access Control System - Access control system is an integrated solution that consists of hardware and software designed to control entry into selected areas and manage movement of people within. The system is designed to increase security by defining access permissions based on area and time for each user and maintaining a log of all events.

9   EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population, and workforce, ensuring that none are

disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified. (See Appendix 4)

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible, remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation, or religious belief.

10   ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Security Policy - CORP/HSFS 15
Fair Treatment for All - CORP/EMP 4
Equality Analysis Policy - CORP/EMP 27

11   DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016).

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website: https://www.dbth.nhs.uk/about-us/our-publications/uk-data-protection-legislation-eu-general-data-protection-regulation-gdpr/

12   REFERENCES

https://extranet.dbth.nhs.uk/general-office-transition-to-virtual-office/

APPENDIX 1 – NEW AUTHORISATION ACCESS CONTROL-ID CARD

NEW AUTHORISATION ACCESS CONTROL ID CARD

Before a member of staff is issued with an access control ID card, authorisation from the Ward/Departmental Manager must be obtained.

The following approval is to be completed by Ward/Departmental Manager (please use block capital letters)

The below named member of staff has requested ID card programming: -

NAME:
JOB TITLE:
BLEEP NUMBER (where applicable):
WARD / DEPARTMENT BASE:

I hereby authorise the request for ID card programming. Access should be made available to: -

Please ✓ Access Area where access is required (dependent upon job role - please see 'Appendix 3 – Door Access Permissions' for guidance)

☐ Access Area 1   ☐ Access Area 4   ☐ Access Area 7

☐ Access Area 2   ☐ Access Area 5

☐ Access Area 3   ☐ Access Area 6

Date access required: - From ……………………………..   To …………………………….. (*If left blank the access ID will be effective from issue until it is cancelled by the Ward/Departmental Manager).*

Signed ……………………………………..

Dated ……………………………………..

Name: (Block Capital Letters) …………………………………………………

Designation: …………………………………………………………………..

Form to be retained in General Office.

APPENDIX 2 – DOOR ACCESS CONTROL SYSTEM RESPONSIBILITY / AGREEMENT

DOOR ACCESS CONTROL SYSTEM STAFF RESPONSIBILITY / AGREEMENT

Name	Designation	Ward/Dept Base

1. I understand that the door access control system has been installed to assist the security / safety of both patients and staff.

2. I agree to be an authorised user of the door access control system.

3. I understand and agree that my responsibilities are: -

   - **To keep the allocated access/ID card secure at all times.**
   - To ensure that I carry the access/ID card on my person whilst I am on duty.
   - Never to allow access to this access/ID card by anyone, either temporarily or permanently.
   - To report loss or damage to the ID badge immediately to my manager and General Office.

4. I undertake to return the ID badge when my base Ward/Department has changed or when I terminate my employment with the Trust.

Signing this form indicates that you have received the access/ID card and that you accept the terms and conditions as stated.

Signed …………………………………………………………. *Dated* …………………………………..

For General Office/Facilities Department Use Only

Details inputted by:

Name: ……………………………………………… Signed: …………………………………………

Designation: …………………………………………………………………………………..

Date: ………………………………….

Copy to be given to applicant

APPENDIX 3 – DOOR ACCESS PERMISSIONS

Access Area 1 All areas (excluding no access)	Staff Group 1	
All Wards All Departments Include limited access zone	Security Estates Facilities CSM Clinical Education Manual Handling	Crash Team Fire H&S Execs Resuscitation Services

Access Area 2	Staff Group 2	
All Medical & Surgical wards including ED and main outpatients	Nurses HCA	Sodexo NHSP

Access Area 3	Staff Group 3
Administration areas	Administration staff

Access Area 4	Staff Group 4
Women's & Children's Hospital	Midwives All staff employed to work in Women's & Children's Hospital

Access Area 5	Staff Group 5
Contractors Further discussion for required access rights	Contractors

Access Area 6	Staff Group 6
IT	IT Staff

Access Area 7	Staff Group 7
Students	Please contact Education Department

No Access Area Without permission from Department Manager		Limited Access Area Access to be permitted to staff accessing all areas	
Mortuary MRI Pathology	Theatres Pharmacy	Neonatal CDU Paediatrics	M1 & 2 Medical Records IT

APPENDIX 4 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

~~Service/Function~~/Policy/~~Project/Strategy~~	Division	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Electronic Door Access Control and System Policy	Estates and Facilities	Kerry Williams	Existing Policy	13 October 2022

1) **Who is responsible for this policy?** Name of Division/Directorate: Estates and Facilities	
2) **Describe the purpose of the service / function / policy / project/ strategy?** Who is it intended to benefit? What are the intended outcomes? All Trust staff, awareness, procedures for access control and electronic doors.	
3) **Are there any associated objectives?** Legislation, targets national expectation, standards: Health & Safety at Work Act	
4) **What factors contribute or detract from achieving intended outcomes?** – Poor management of access rights / lost ID cards	
5) **Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?** Details: [see Equality Impact Assessment Guidance] - No	
• **If yes, please describe current or planned activities to address the impact** [e.g., Monitoring, consultation] – N/A	
6) **Is there any scope for new measures which would promote equality?** [any actions to be taken] - N/A	
7) **Are any of the following groups adversely affected by the policy?**	

Protected Characteristics	Affected?	Impact
a) Age	No	
b) Disability	No	
c) Gender	No	
d) Gender Reassignment	No	
e) Marriage/Civil Partnership	No	
f) Maternity/Pregnancy	No	
g) Race	No	
h) Religion/Belief	No	
i) Sexual Orientation	No	

8) **Provide the Equality Rating of the service / function /policy / project / strategy** – tick (✓) outcome box

Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4

*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a **Detailed Equality Analysis form – see CORP/EMP 27.**

Date for next review: October 2025

Checked by: Howard Timms - Acting Director of Estates & Facilities   **Date:** 13 October 2022