Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Electronic Door Access Control and System Policy

This procedural document supersedes: CORP/HSFS 22 v.2 - Electronic Door Access Control and System Policy.

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Executive Sponsor(s):	Kirsty Edmondson-Jones - Director of Estates and Facilities
Author/reviewer: (this version)	Kerry Williams - LSMS/ Contract Manager
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Agreed by:	Health and Safety Advisor Fire Advisor Estates Compliance Estates Director
Approved by:	Trust Health & Safety 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 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 both informal and formal 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 key fob or Identification (ID) card (for staff) 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 who of their staff have access key fobs/ programmed ID cards and also decide the level of access appropriate to them.

Areas of dispute will be referred to the Head of Estates and Facilities and 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 Local Security Management Specialist.

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

2. PURPOSE

a) To monitor patient movement – patients who wish to leave a ward need to contact a member of staff.

b) Improve safety and security on wards – visitors cannot access the wards at will.

c) The control and protection of Trust property and assets.

d) General staff safety and additional protection for lone workers.

e) To help infection control by encouraging the use of hand washing stations and by controlling visiting times and visitor numbers.

3. DUTIES AND RESPONSIBILITIES

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 key fobs and I.D. cards from staff who are leaving the Trust.
- Informing General Office (DRI or Montagu) / Estates Department (Bassetlaw) of any changes relating to each access key fob / card, i.e. lost, damaged or reprogramming requirements such as when a member of staff leaves and fobs need decommissioning.
- Managers of wards and departments have the financial responsibility of replacing or adding access key fobs to the system in their area(s) of responsibility.

General Office (DRI or Montagu) and Estates Department (Bassetlaw) 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 and fob holders.
- The programming of access key fobs and ID cards.
- Ensuring that all access key fobs are allocated and ID cards programmed according to the written instructions of the manager upon receipt of the completed authorisation form.
- Ensure that the individual access key fob / ID card holder signs the appropriate form and receives a copy of the associated rules and regulations (Appendix 2).
- Ensuring that only authorised General Office (DRI or Montagu) / Estates staff (Bassetlaw) 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.

4. PROCEDURE

The Ward / Department Manager allocates each member of staff under their control the individual access rights, i.e. the area that they require access to, hours / days when access is granted, etc. Managers complete and sign a form for individual staff members (see **Appendix 1)**.

To have their fob / card programmed, staff should make an appointment with General Office (DRI or Montagu) / Estates Department (Bassetlaw) and also take the authorisation with them at the appointed time.

ADMINISTRATION ARRANGEMENTS

The individual ward or department control system is to be locally controlled for access and egress; however, central administration systems are outlined below:

- Doncaster Royal Infirmary — General Office
- Bassetlaw Hospital — Estates Department
- Montagu Hospital — General Office

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

Where new members of staff require an access fob or their ID card programming, the General or Department Managers will complete an issue request form, set out in Appendix 1 (attached), which will authorise the issue of (programming of) an access key fob (ID card) to a nominated member of staff, together with details of authorised access areas.

The condition of issue and use are explained to staff.

Appendix 2 (attached) outlines the conditions of the issue of a key fob to staff by the General Office (DRI or Montagu) / Estates Department (Bassetlaw). This document is an access control system agreement of 'use' signed by member of staff.

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

These areas have their own access control administration arrangements. Main Theatres, Women's Hospital, Pathology and Pharmacy should follow the principles of this policy and substitute their department for General Office (DRI or Montagu) / Estates Department (Bassetlaw).

4.1 Access Permissions to Other Areas

Where Senior Managers consider it necessary for their staff to access other areas outside their area of control, the agreement of the Responsible Manager for that area will be obtained before access is given. Before new access controls are made operational, the Ward or Departmental

Manager should ensure that all relevant personnel are made aware so that their fob / I.D. 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.

4.2 Acquisition and Installation of Equipment

Consultation before installation must be sought with:

a) The Local Security Management Specialist (LSMS) and Fire Safety Advisor to ensure standard specifications are complied with and all access control systems are compatible (see **Appendix 3**).

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

c) 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

On-going maintenance costs are the responsibility of the relevant Division.

6. TRAINING / SUPPORT

Training on the use of administering the system will be carried out in-house by the department who locally control the system.

7. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

Monitoring	Who	Frequency	How Reviewed
The type, number and positioning of access controls will be monitored to ensure compliance with this document. The Department Manager will be responsible for shortfalls.	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.

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. No detriment was identified. See **Appendix 4.**

10. 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/information-governance/

11. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

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

APPENDIX 1

NEW AUTHORISATION

ACCESS CONTROL ID CARD / KEY FOB SYSTEM

Before a member of staff is issued with an access control key fob or their ID card is programmed, 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 / an access control key fob.

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

I hereby authorise the request for ID card programming / an access control key fob. Access should be made available to:

Please detail all wards/departments where access is required
Date access required from ……. To …….. (*If left blank the access key fob 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 (DRI or Montagu)/Estates Department (Bassetlaw)

APPENDIX 2

DOOR ACCESS CONTROL SYSTEM AGREEMENT

Fob no. (if applicable)	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:

   a) To keep the allocated access fob secure at all times (if applicable).
   b) To ensure that I carry the access fob / ID card on my person whilst I am on duty.
   c) Never to allow access to this access fob / ID card by anyone, either temporarily or permanently.
   d) To report loss or damage to the access fob immediately to my manager, General Office (DRI or Montagu) or the Estates Department (Bassetlaw).
   e) To take all reasonable measures to maintain the access fob in working order. If it should become damaged due to my neglect or lost, I undertake to pay replacement costs for a replacement access fob.

4. I undertake to return the access fob to the General Office (DRI or Montagu) or the Estates Department (Bassetlaw) 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 key fob and that you accept the terms and conditions as stated.

Signed …… *Dated* ……..

For General Office/Estates Department Use Only

Details inputted by:

Name: ……Signed: ……

Designation: ……..

Date: ……..

Copy to be given to applicant

APPENDIX 3

EXAMPLE SPECIFICATION

Each access controlled doorset requires as standard, e.g.

- NET 2 Control unit including 2 amp PSU.
- Maglocks (sized as suitable to each individual doorset).
- NET 2 Proximity Mifare readers (Read in/Read out).
- NET 2 485 TCP/IP Ethernet interface.
- Data Network connection required between Ethernet interface and hospital computer network (liaison with Network Manager prior to system installation).
- 230v unswitched 5 amp power supply.
- Interface link between control unit and fire alarm system (local zone) – Specialist Fire Alarm Engineer works may be required.
- Optional intercom system to nurse base, reception etc if required.
- Optional video, monitor system to nurse base, reception, etc if required.
- Optional exit button to nurse base, reception, etc if required.
- Where a 'green breakglass' has to be fitted, it shall incorporate a 'screamer' device.

APPENDIX 4 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Electronic Door access control and system policy CORP/HSFS 22 v.3	Estates and Facilities	Kerry Williams	Existing Policy	25th November 2020

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? Procedures for access control and electronic doors

3) Are there any associated objectives? Security management standards for providers 3.12, 3.14,3.15

4) What factors contribute or detract from achieving intended outcomes?

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? No

- **If yes, please describe current or planned activities to address the impact** [e.g. Monitoring, consultation]

6) Is there any scope for new measures which would promote equality? [any actions to be taken]

7) Are any of the following groups adversely affected by the policy?

Protected Characteristics	Affected?	Impact
a) Age	N/A	
b) Disability	N/A	
c) Gender	N/A	
d) Gender Reassignment	N/A	
e) Marriage/Civil Partnership	N/A	
f) Maternity/Pregnancy	N/A	
g) Race	N/A	
h) Religion/Belief	N/A	
i) Sexual Orientation	N/A	

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 in Appendix 4

Date for next review: November 2023

Checked by: Sean Tyler **Date: 25th November 2020**