



**Royal Cornwall Hospitals**  
NHS Trust

# **Fingerprint Access to the Neonatal Unit Standard Operating Procedure**

**V1.0**

**December 2025**

## Table of Contents

1. Introduction.....	4
2. Purpose of this Standard Operating Procedure. ....	4
3. Ownership and Responsibilities. ....	4
3.1. Role of NNU Managers (Matron and Ward Leader). ....	4
3.2. Role of Local Named Administrator (NNU Equipment Manager). ....	4
3.3. Role of System Users (NNU Shift Leader and Ward Clerks). ....	5
3.4. Role of Individual Staff .....	5
3.5. Role of the Local Security Management Specialist (LSMS) .....	5
4. Standards and Practice.....	6
5. Dissemination and Implementation .....	6
6. Monitoring compliance and effectiveness .....	7
7. Updating and Review .....	7
8. Equality and Diversity .....	7
Appendix 1. Governance Information .....	8
Appendix 2. Equality Impact Assessment.....	10

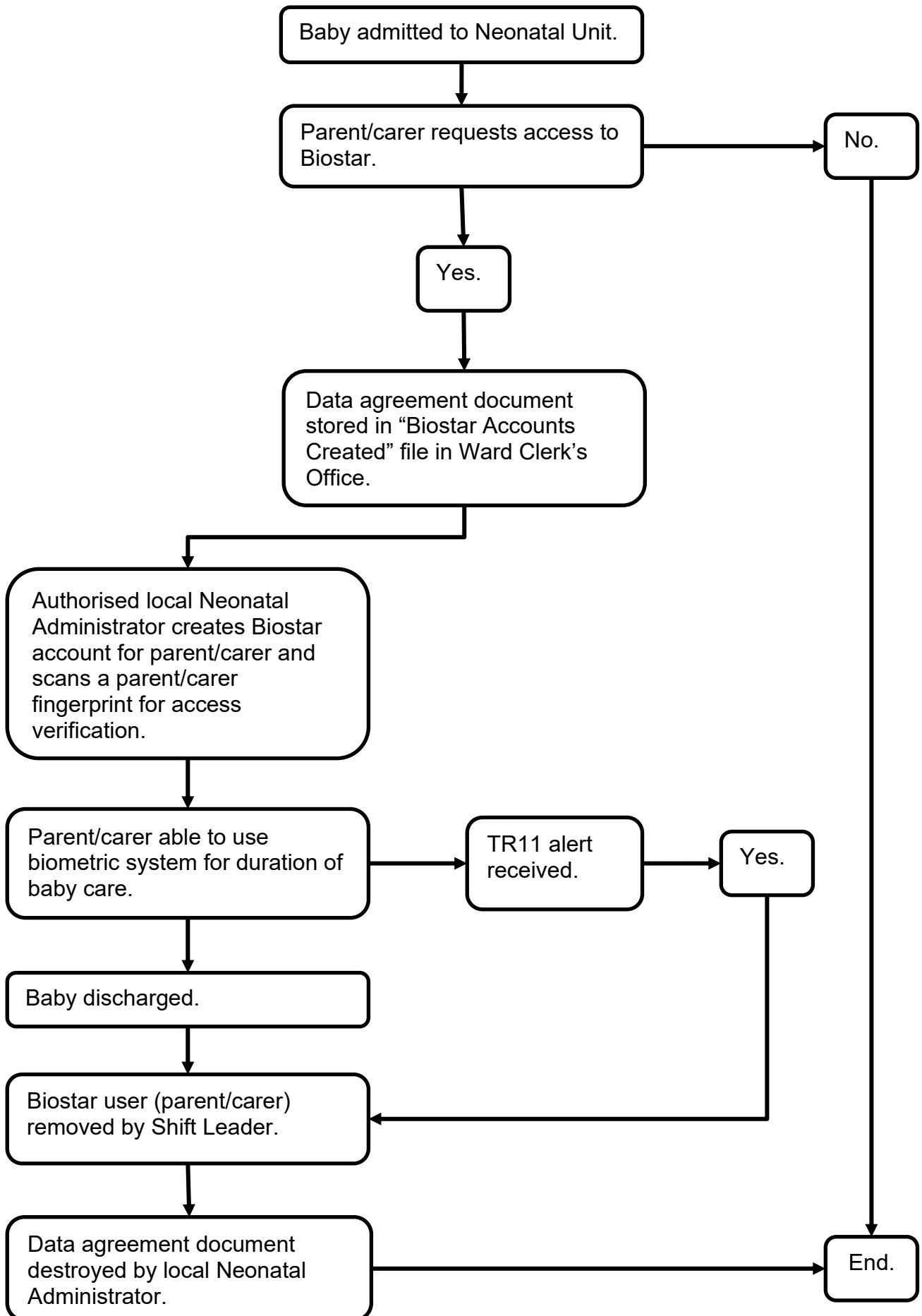
### **Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.**

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust      [rch-tr.infogov@nhs.net](mailto:rch-tr.infogov@nhs.net)



## **1. Introduction.**

The Biostar Fingerprint Access System is installed on the Neonatal Unit (NNU) for use by parents/carers to ease their access onto the unit without distracting staff to ask permission. This is currently undertaken using the intercom phone, requiring a staff member to allow access. During busy periods parents and carers may need to wait many minutes to be let in. This will support family integrated care and allow seamless access for parents/carers to spend time with their infants.

## **2. Purpose of this Standard Operating Procedure.**

The purpose of the standard operating procedure is to provide guidance to the processes and procedures involved to enable regulated access for parents/carers to the Neonatal Unit.

## **3. Ownership and Responsibilities.**

Overall responsibility for safety and security within the Royal Cornwall Hospitals NHS Trust rests with the Chief Executive.

### **3.1. Role of NNU Managers (Matron and Ward Leader).**

Neonatal Unit managers are responsible for:

- Ensuring that their area is appropriately risk assessed and that they understand the access and egress requirements of their area.
- Authorising staff (normally the NNU Equipment Manager) to become Local Named Administrator for the Biostar Electronic Fingerprint Control System. Managers are to assume the role of Departmental Named Authoriser or appoint a member of staff to carry out this duty on their behalf.
- To encourage and support staff to challenge anyone who they do not recognise and who attempt to tailgate authorised users of the Biostar Fingerprint Scanning System.

### **3.2. Role of Local Named Administrator (NNU Equipment Manager).**

- The local named authoriser (NNU Equipment Manager) will take responsibility for being the Biostar system local named administrator and will be responsible for adding and removing users (Ward Clerks and Shift Leaders) from the system.
- The local named authoriser (NNU Equipment manager) will be the point of contact for the Security Systems and Local Security Management Specialist (LSMS) in the event of any query or concerns arising from the Biostar database.
- The local named administrator (NNU Equipment manager) will liaise with CITS to ensure the PC remains up to date; they will also notify security systems of any updated hardware.

- The local named administrator (NNU Equipment manager) will liaise with security systems (and on security advice, contact Biostar) to ensure that the software remains up to date and in line with other Trust security access control measures).

### **3.3. Role of System Users (NNU Shift Leader and Ward Clerks).**

- The system users (NNU Shift Leader or Ward Clerk) will add parent and carers to the system and complete the associated forms to ensure RCHT maintains a record of who has been granted access via Biostar.
- The systems users (NNU Shift Leader or Ward Clerk) will remove from Biostar, parents and carers records as their baby is discharged from the Unit.
- The NNU Shift Leader will be responsible for restricting access to the system in the event of a TR11 or other incident which requires ward restriction. security systems and the LSMS will also be informed.

### **3.4. Role of Individual Staff**

All staff members are responsible for:

- Preventing unauthorised access to the Neonatal Unit.
- Ensuring vigilance to avoid tailgating into the Neonatal Unit.
- Challenging persons as needed to maintain security of the Unit.
- Remind parents and carers not to allow anyone else access to the Unit.
- Ensuring they are aware of all security arrangements including the Biostar system and to adhere to this standard operating procedure (SOP) and other Trust policies and procedures to maintain the safety and security of the Neonatal Unit.

### **3.5. Role of the Local Security Management Specialist (LSMS)**

The LSMS is responsible for ensuring that all access control installations meet the Trust written specification for access control equipment and networks, the Biostar system is linked to the Trust access control infrastructure.

The LSMS will ensure that security systems undertake:

- Regular monitoring for compliance of data held within the Biostar fingerprint scanning system.
- Regular audits on the Biostar database which may include data cleansing of parents, carers or the removal of out of data users.

- The Biostar system attaches to the Trust wide access control system and the LSMS will monitor its use. Use of NNU fingerprint access control by staff is not permitted.
- The LSMS is available for guidance, support and advice to the Neonatal Unit on the best practice in relation to security risks and control measures.

## **4. Standards and Practice**

- 4.1. At earliest opportunity after a baby is admitted to the Neonatal Unit the Biostar user (Ward Clerk (during the day) or the Shift Leader (out of hours)) is to add parents /carers (maximum two people per family) to the Biostar Fingerprint Access System.
- 4.2. The name of each parent /carer to be actioned and documented on the admission proforma, once added to the system.
- 4.3. When the baby is discharged, the Biostar user (Ward Clerk or Shift Leader) is to remove parents and carers from system. The Ward Clerk or Shift Leader is to action removal and document on baby's discharge paperwork that parents/carers have been removed from the system.
- 4.4. If the system malfunctions, then parents and carers will revert to using the intercom system for entry and key code for exit, while the system is reviewed and repaired. The door entry key code is to be changed on a regular basis (a minimum of 3 months or every quarter).
- 4.5. If child protection or child safety safeguarding concerns are raised, then the LSMS and will be informed that a safeguarding incident has been declared on the NNU and the shift leader will immediately remove the parent or carer's access from the system.
- 4.6. The Biostar system is only to be used for parents and carers of babies on the Neonatal Unit. Staff members are not to have their fingerprints added to the system and must continue to use Trust swipe card access to enter and leave the Unit. The local named administrator (NNU Equipment Manager) may have their fingerprint loaded on the Biostar system so they can periodically test that the system is functioning correctly.

## **5. Dissemination and Implementation**

- 5.1. This document will be processed and approved at the Neonatal Audit and Guidelines Meeting and disseminated to staff via email and will be added to the Safety Brief, which is held at shift changeover for a period of two weeks.
- 5.2. Training needs will be identified and initially provided by the company for implementation. Training will then be cascaded by Ward Clerk, Ward Sisters/Shift Leaders.

## 6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Compliance with this policy.
Lead	Ward Manager.
Tool	Audit and review tool.
Frequency	As dictated by audit findings.
Reporting arrangements	Neonatal Audit and Guidelines group.
Acting on recommendations and Lead(s)	Ward Managers.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within three months. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

## 7. Updating and Review

This document will be reviewed every three years or sooner if required.

## 8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

## Appendix 1. Governance Information

Information Category	Detailed Information
<b>Document Title:</b>	Fingerprint Access to the Neonatal Unit Standard Operating Procedure V1.0
<b>This document replaces (exact title of previous version):</b>	New Document
<b>Date Issued /Approved:</b>	December 2025
<b>Date Valid From:</b>	December 2025
<b>Date Valid To:</b>	December 2028
<b>Author /Owner:</b>	Robin Martin; Neonatal Equipment Manager
<b>Contact details:</b>	01872 252667
<b>Brief summary of contents:</b>	This document described the process of fingerprint access to the Neonatal unit for parents and carers.
<b>Suggested Keywords:</b>	Security, fingerprint, scanner identity, biometric.
<b>Target Audience:</b>	<b>RCHT:</b> Yes <b>CFT:</b> No <b>CIOB ICB:</b> No
<b>Executive Director responsible for Policy:</b>	Chief Medical Officer
<b>Approval route for consultation and ratification:</b>	Neonatal Audit and Guidelines Meeting. Security Services.
<b>Manager confirming approval processes:</b>	Caroline Chappell
<b>Name of Governance Lead confirming consultation and ratification:</b>	Michael Cross
<b>Links to key external standards:</b>	None required
<b>Related Documents:</b>	None required
<b>Training Need Identified:</b>	No
<b>Publication Location (refer to Policy on Policies – Approvals and Ratification):</b>	Internet and Intranet

Information Category	Detailed Information
Document Library Folder/Sub Folder:	Clinical/Neonatal

### Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
December 2025	V1.0	Initial issue	Robin Martin; Neonatal Equipment Manager

**All or part of this document can be released under the Freedom of Information Act 2000.**

**All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.**

**This document is only valid on the day of printing.**

### Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

## Appendix 2. Equality Impact Assessment

### Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team  
[rcht.inclusion@nhs.net](mailto:rcht.inclusion@nhs.net)

Information Category	Detailed Information
<b>Name of the strategy /policy /proposal /service function to be assessed:</b>	Fingerprint Access to the Neonatal Unit Standard Operating Procedure V1.0
<b>Department and Service Area:</b>	Neonatal.
<b>Is this a new or existing document?</b>	New.
<b>Name of individual completing EIA</b> (Should be completed by an individual with a good understanding of the Service/Policy):	Neonatal Audit and Guidelines Group.
<b>Contact details:</b>	01872 252667.

Information Category	Detailed Information
<b>1. Policy Aim - Who is the Policy aimed at?</b> (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	This SOP is aimed at all supporting Neonatal Unit staff in ensuring unrestricted access for parents and carers to the Neonatal Unit.
<b>2. Policy Objectives</b>	To provide guidance to the processes and procedures involved to enable unrestricted access for parents/carers to the Neonatal Unit.
<b>3. Policy Intended Outcomes</b>	To enable unrestricted access for parents/carers to the Neonatal Unit.
<b>4. How will you measure each outcome?</b>	Audit/multidisciplinary team weekly discussion/monitoring of incidents/risk management.
<b>5. Who is intended to benefit from the policy?</b>	Parents and carers of babies on the Neonatal Unit.

Information Category	Detailed Information
<b>6a. Who did you consult with?</b> (Please select Yes or No for each category)	<ul style="list-style-type: none"> <li>• Workforce: Yes</li> <li>• Patients/visitors: No</li> <li>• Local groups/system partners: No</li> <li>• External organisations: No</li> <li>• Other: No</li> </ul>
<b>6b. Please list the individuals/groups who have been consulted about this policy.</b>	<b>Please record specific names of individuals/groups:</b> Neonatal Audit and Guidelines Group.
<b>6c. What was the outcome of the consultation?</b>	Approved
<b>6d. Have you used any of the following to assist your assessment?</b>	<b>National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:</b> No.

## 7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
<b>Age</b>	No	
<b>Sex</b> (male or female)	No	
<b>Gender reassignment</b> (Transgender, non-binary, gender fluid etc.)	No	
<b>Race</b>	No	Any information provided should be in an accessible format for the parent/carer/patient's needs- i.e., available in different languages if required/access to an interpreter if required.

Protected Characteristic	(Yes or No)	Rationale
<b>Disability</b> (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	Those parent/carer/patients with any identified additional needs will be referred for additional support as appropriate- i.e., to the Liaison Team or for specialised equipment.  Written information will be provided in a format to meet the family's needs e.g., easy read, audio etc.
<b>Religion or belief</b>	No	All staff should be aware of any beliefs that may impact on the decision to treat and should respond accordingly.
<b>Marriage and civil partnership</b>	No	All staff should be aware of any marital arrangements that may have an impact on care (for example: separated parents, domestic abuse).
<b>Pregnancy and maternity</b>	No	
<b>Sexual orientation</b> (e.g. gay, straight, bisexual, lesbian etc.)	No	

**A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.**

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Neonatal Audit and Guidelines Group.

**If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:**

[Section 2. Full Equality Analysis](#)