

Secure insulin access for neonatal units

Strengthen security, accountability and audit readiness with digitally controlled insulin storage

Why this matters now

The Thirlwall Inquiry Report and GIRFT guidance mark a decisive shift in neonatal insulin governance—from conventional locked storage towards digitally controlled, individually attributable and auditable access. With neonatal units expected to meet relevant GIRFT requirements by 31 March 2027, Trusts should assess their current arrangements now and establish the secure access, reporting and governance processes needed to strengthen insulin safety and accountability.



Five questions every neonatal unit should be asking



Is access individually attributable?

Can only authorised staff access insulin, with each transaction digitally linked to the user?



Is two-person authentication built into removal?

Is insulin inaccessible until both the user and witness have authenticated?



Is insulin stored in the minimum number of secure locations?

Is refrigerated insulin held in a dedicated, controlled environment?



How are part-used vials managed?

Is there a documented, witnessed and auditable process for secure return or non-retrievable destruction?



Can compliance be evidenced?

Can the Trust report access, witnesses, overrides, exceptions and activity by patient, user and time?



“I recommend that digital devices be used to restrict access to authorised people and to record access to insulin storage units.”

THIRLWALL INQUIRY REPORT, SUMMARY REPORT, SEPTEMBER 2026

A practical approach available today

Omniceil offers a practical way to strengthen control around neonatal insulin storage, combining secure biometric access, two-person authentication and searchable transaction evidence in one connected workflow.

Omniceil XT Automated Dispensing Cabinet



Dedicated insulin refrigerator



FlexLock controlled access



How the solution works

Omniceil combines an XT Automated Dispensing Cabinet with biometric authentication and an individual FlexLock connected to a separate, dedicated insulin refrigerator. The result is a controlled, patient-linked and auditable workflow that restricts access to authorised users and creates an attributable record of each insulin removal.

FlexLock brings a compatible refrigerator into the Omnicell access-control and reporting environment. Short, configurable unlock periods, tightly controlled override access and null-transaction reporting help teams identify and investigate activity outside the standard workflow. Existing temperature monitoring and excursion reporting can continue as part of routine pharmacy governance.

Designed around your digital maturity

A PAS-connected workflow identifies the patient and records the intended dose entered by the user. Where a profiled workflow and live ePMA integration are available, access can be aligned more closely with a valid prescription. The appropriate integration model can be confirmed during solution design.

Typical workflow



The nurse authenticates biometrically at the XT cabinet.



The nurse selects the patient from the PAS feed, chooses insulin and records the intended dose.



A second authorised user provides biometric authentication before FlexLock releases the dedicated refrigerator.



The two users remove the insulin and complete the transaction.



The refrigerator and cabinet relock, creating a digital record of the patient, user, witness, intended dose and time.



Preparation, administration and any subsequent dose changes are witnessed and recorded through the Trust's EPR/ePMA workflow.

Clear accountability at every stage

Omniceil controls and records witnessed access and removal. Clinical checks covering preparation, administration and subsequent dose changes remain within the Trust's established workflow.

Maintaining the chain of accountability

Each Trust should define how residual insulin is managed—either through a controlled, authenticated return or through witnessed destruction supported by a recorded waste event. This helps maintain an auditable chain beyond initial removal.

Move beyond observation to accountability

The priority is not simply to see who accessed insulin storage, but to create a controlled process in which access is restricted, attributable and auditable. Omnicell provides the digital access and evidence layer around insulin storage, helping Trusts strengthen governance while retaining their established clinical responsibilities. Ultimately, this helps protect the staff entrusted with insulin, as well as the babies in their care.



Key benefit	How the solution supports neonatal insulin governance
Controlled access	FlexLock secures a dedicated insulin refrigerator through the XT environment and limits access to authorised users.
Two-person authentication	A second authorised user must authenticate before insulin becomes accessible, creating an attributable witness record for removal.
Patient-linked accountability	The transaction can record the patient, user, witness, intended dose and time. Where available, a profiled ePMA workflow can provide stronger prescription alignment.
Exception management	Short unlock periods, controlled override keys and null-transaction reporting help identify and investigate activity outside the standard workflow.
Assurance reporting	Searchable, downloadable records support review by patient, user, witness, date and time, alongside override and exception activity.
Flexible refrigerator options	FlexLock can be fitted to a compatible existing refrigerator, or Omnicell can supply a dedicated pharmacy-grade refrigerator where required.

Start planning now for March 2027

Request a Neonatal Insulin Safety Review to assess your storage, access, integration, return or disposal, and reporting requirements.

Implementation timelines are subject to site survey, system configuration, interface requirements and refrigerator compatibility.

Speak to your Omnicell representative
automationsalesuk@omnicell.com



www.omnicell.co.uk

Compliance disclaimer: Omnicell solutions can support a Trust's response to relevant Thirlwall and GIRFT recommendations but do not, on their own, constitute or guarantee compliance. Each Trust remains responsible for interpreting applicable guidance, validating its clinical workflows and implementing appropriate policies, controls and assurance processes.

Omnicell and the Omnicell design mark are registered trademarks and XT is a trademark of Omnicell, Inc. in the United States and internationally. All other trademarks and trade names are the property of their respective owners. ©2026 All rights reserved.

