

# IDENTIFICATION BADGE POLICY AND PROCEDURE FOR EMPLOYEES

## JUNE 2017

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If this document has been printed or saved to another location, you must check that the version number on your copy matches that of the document online.

Name of Policy:	Identification Badge Policy and Procedure
Date Issued:	July 2017
Date to be reviewed:	June 2019

<b>Policy Title:</b>	Identification Badge Policy and Procedure	
<b>Supersedes:</b>	Identification Badge Policy and Procedure 2007	
<b>Description of Amendment(s):</b>	To bring in line with organisational change	
<b>This policy will impact on:</b>	NHS Hull CCG Employees and Board Members	
<b>Financial Implications:</b>	N/A	
<b>Policy Area:</b>	HR/Corporate	
<b>Version No:</b>	1	
<b>Issued By:</b>	Corporate Governance Team	
<b>Author:</b>	Corporate Governance Team	
<b>Effective Date:</b>	July 2017	
<b>Impact Assessment Date:</b>	01 June 2017	
<b>APPROVAL RECORD</b>	Integrated Audit and Governance Committee	July 2017
<b>Consultation:</b>	SLT / Counter Fraud and Security Management Manager	June 2017

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## **1. INTRODUCTION**

The purpose of the identification badge policy and procedure is to promote security; safety and patient confidence in the service by ensuring all employees are identified and enhance safety and security.

## **2 SCOPE**

This policy applies to all substantive employees and individuals on a statement of appointment or consultancy contract.

Contractors and students are not eligible for an ID Badge and should be issued with a visitor's badge.

## **3 RESPONSIBILITIES**

### **3.1 Associate Director of Corporate Affairs**

The Associate Director of Corporate Affairs is responsible for advising staff/Office Holders on the contents of this policy. The Corporate Affairs Officer is also available for advice.

### **3.2 Managers**

Managers are responsible for ensuring their staff are aware of, and adhere to this policy.

Managers are responsible for the issue and the enforcement of wearing photo identification badges for all employees within their team.

The manager responsible for any contractors or students must ensure that they collect their visitor's badge on their last day of work with the Clinical Commissioning Group (CCG).

### **3.3 Staff/Office Holders**

All staff and Office Holders are responsible for following this policy.

In order to improve security all staff are required to wear a photo identification badge in a visible position at all times during working hours. Staff walking or using public transport whilst travelling between work places will not be required to display their badges.

Staff whose work involves tasks where the wearing of badges would pose a health and safety risk, will be able to carry their identification badge but not display it.

In order to ensure security, every member of staff should be prepared to challenge individuals without identification badges where it is safe to do so, or informs a member of the Corporate Affairs Team where people without

identification cards are found in “unauthorised areas of Wilberforce Court.

Staff must ensure that they are aware of the security protocols in place within Wilberforce Court. It is their line manager’s responsibility to ensure staff are made aware as part of their induction into the team that any security breaches must be documented via the incident reporting system.

The identification badge will carry a photograph of the individual, along with their name, job title, and the CCG logo. Identification badges must not be left unattended. They should either be locked away or removed from Wilberforce Court out of office hours.

## **4 EQUALITY AND DIVERSITY**

4.1 The CCG is committed to:

- Eliminating discrimination and promoting equality and diversity in its Policies, Procedures and Guidelines, and
- Designing and implementing services, policies and measures that meet the diverse needs of its population and workforce, ensuring that no individual or group is disadvantaged.

4.2 As a result of performing an equality analysis, the policy does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage.

## **5 NHS CONSTITUTION**

5.1 The CCG is committed to:

- the achievement of the principles, values, rights, pledges and responsibilities detailed in the NHS Constitution, and
- ensuring they are taken account of in the production of its Policies, Procedures and Guidelines.

5.2 This Policy supports the NHS Constitution, as follows:

The NHS aspires to the highest standards of excellence and professionalism

The NHS is accountable to the public, communities and patients that it serves

## **6 ADMINISTRATION**

### **6.1 New Starters**

The Corporate Affairs Officer will inform the new starter that the CCG would like to provide them with an identification badge and make arrangements to

take a photograph.

Appendix 1 details the process for obtaining ID Badges.

The system in place for the issue of identification badges is an integrated part of the induction process and is included on the induction checklist.

The new starter should be issued with a name badge at the earliest opportunity.

## 6.2 Role Changes

If an employee changes posts within the CCG then the employee should request a new ID Badge via the Corporate Affairs Officer. A new badge will be issued via the process referred to in the new starters section.

Upon issuing of the new badge the old badge is to be obtained and destroyed.

## 6.3 Leavers

As part of the leavers process the identification badge should be handed back to their manager on their last day of employment. The badge should be sent to the Corporate Affairs Officer in order that it can be destroyed.

## 6.4 Loss of Badge

The Counter Fraud and Security Management Manager Shaun Fleming must be informed by the employee if a badge is lost or stolen 01482 866800 Email [shaunfleming@nhs.net](mailto:shaunfleming@nhs.net)

The loss should also be reported as an incident by the Employee on Datix at <http://srv-dtx-01/datix/live/index.php>

If a badge is returned to the CCG arrangements will then be made to return the identification badge to the employee. Investigation into how it was lost or misplaced may be deemed necessary by the Counter Fraud and Security Management Manager.

## 7. MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THIS POLICY

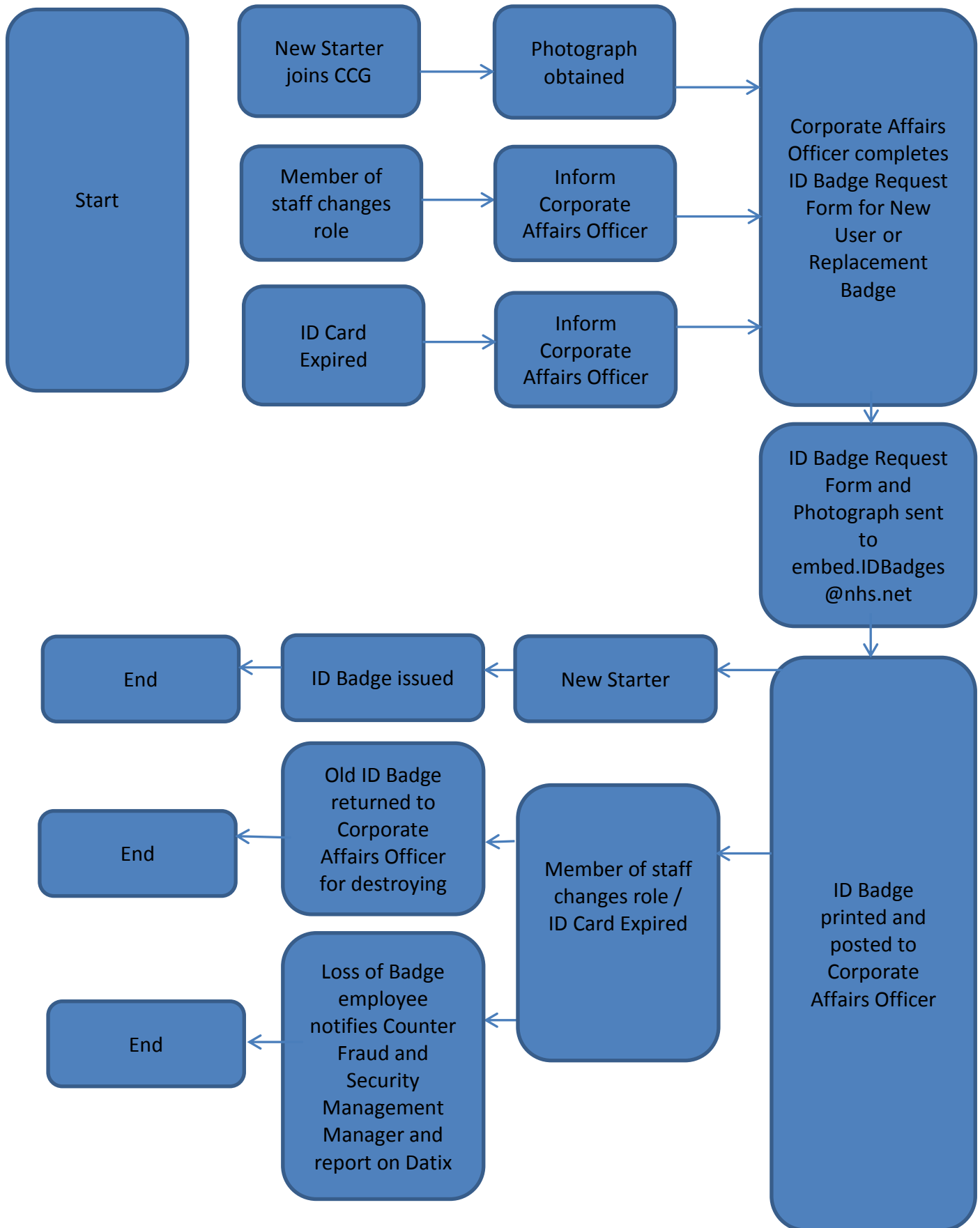
The effectiveness of this Policy will be monitored by the Associate Director of Corporate Affairs.

## 8. REVIEW

8.1 This Policy will be reviewed within two years from the date of implementation.

8.2 Minor amendments (such as changes in title) may be made prior to the formal review, details of which will be monitored/approved by the Associate Director of Corporate Affairs in consultation with the Senior Leadership Team.

**PROCESS FOR OBTAINING ID BADGES**







Hull

Clinical Commissioning Group

### HR / Corporate Policy Equality Impact Analysis:

<b>Policy / Project / Function:</b>	Identification Badge Policy and Procedure
<b>Date of Analysis:</b>	01 June 2016
<b>Completed by: (Name and Department)</b>	Michelle Longden, Corporate Affairs Officer
<b>What are the aims and intended effects of this policy, project or function?</b>	The purpose of the identification badge policy and procedure is to promote security, safety and patient confidence in the service by ensuring all employees are identified. An identification badge will also enable staff to identify colleagues, enhancing safety and security.
<b>Are there any significant changes to previous policy likely to have an impact on staff / other stakeholder groups?</b>	No
<b>Please list any other policies that are related to or referred to as part of this analysis</b>	N/A
<b>Who will the policy, project or function affect?</b>	NHS Hull CCG Employees and Board Members
<b>What engagement / consultation has been done, or is planned for this policy and the equality impact assessment?</b>	With relevant leads to include the following: <ul style="list-style-type: none"> <li>• Counter Fraud and Security Management Manager.</li> <li>• The Director with the lead for Human Resources.</li> <li>• Associate Director of Corporate Affairs.</li> <li>• Senior Information Risk Officer</li> <li>• Senior Leadership Team</li> </ul>

<p><b>Promoting Inclusivity and Hull CCG's Equality Objectives.</b></p> <p>How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation?</p> <p>How does the policy promote our equality objectives:</p> <ol style="list-style-type: none"> <li>1. Ensure patients and public have improved access to information and minimise communications barriers</li> <li>2. To ensure and provide evidence that equality is consciously considered in all commissioning activities and ownership of this is part of everyone's day-to-day job</li> <li>3. Recruit and maintain a well-supported, skilled workforce, which is representative of the population we serve</li> <li>4. Ensure the that NHS Hull Clinical Commissioning Group is welcoming and inclusive to people from all backgrounds and with a range of access needs</li> </ol>	<p>This Policy does not directly promote inclusivity, but sets out a process to allow all staff to obtain an identification badge.</p>
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Equality Data	
<p><b>Is any Equality Data available relating to the use or implementation of this policy, project or function?</b></p> <p>Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine <i>Protected Characteristics</i> – referred to hereafter as '<i>Equality Groups</i>'.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive)</p> <ol style="list-style-type: none"> <li>1: Recruitment data, e.g. applications compared to the population profile, application success rates</li> <li>2: Complaints by groups who share /</li> </ol>	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p> <p>Where you have answered yes, please incorporate this data when performing the <i>Equality Impact Assessment Test</i> (the next section of this document). If you answered No, what information will you use to assess impact?</p> <p><b>Please note that due to the small number of staff employed by the CCG, data with returns small enough to identify individuals cannot be published. However, the data should still be analysed as part of the EIA process, and where it is possible to identify trends or issues, these should be recorded in the EIA.</b></p>

represent protected characteristics 4: Grievances or decisions upheld and dismissed by protected characteristic group 5: Insight gained through engagement	
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### Assessing Impact

**Is this policy (or the implementation of this policy) likely to have a particular impact on any of the protected characteristic groups?  
 (Based on analysis of the data / insights gathered through engagement, or your knowledge of the substance of this policy)**

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and, if applicable, justification where a <i>Genuine Determining Reason</i> <sup>1</sup> exists (see footnote below – seek further advice in this case)
Gender	✓			
Age	✓			
Race / ethnicity / nationality	✓			
Disability	✓			
Religion or Belief	✓			
Sexual Orientation	✓			
Pregnancy and Maternity	✓			
Transgender / Gender reassignment	✓			
Marriage or civil partnership	✓			

### Action Planning:

**As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse impact or strengthen the promotion of equality?**

1. <sup>1</sup> The action is proportionate to the legitimate aims of the organisation (please seek further advice)


Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:
As the policy is written in English there is a potential impact on employees whose first language is not English and therefore may struggle reading the policy.	The CCGs external website signpost individuals to alternative formats such as large print, braille or another language.	CCG Communications	Ongoing	Ongoing

**Sign-off**

**All policy EIAs must be signed off by Mike Napier, Associate Director of Corporate Affairs**

**I agree with this assessment / action plan**

**If *disagree*, state action/s required, reasons and details of who is to carry them out with timescales:**



**Signed:**

**Date: June 2017**