

# IDENTIFICATION BADGE POLICY AND PROCEDURE FOR EMPLOYEES

## JUNE 2019

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Name of Policy:	Identification Badge Policy and Procedure
Date Issued:	July 2019
Date to be reviewed:	July 2021

<b>Policy Title:</b>	Identification Badge Policy and Procedure	
<b>Supersedes:</b>	Identification Badge Policy and Procedure 2017	
<b>Description of Amendment(s):</b>	Housekeeping	
<b>This policy will impact on:</b>	NHS Hull CCG Employees and Board Members	
<b>Financial Implications:</b>	N/A	
<b>Policy Area:</b>	Corporate	
<b>Version No:</b>	2	
<b>Author:</b>	Corporate Governance Team	
<b>Effective Date:</b>	July 2019	
<b>Review Date:</b>	July 2021	
<b>Impact Assessment Date:</b>	May 2019	
<b>APPROVAL RECORD</b>	Integrated Audit and Governance Committee	July 2019
<b>Consultation:</b>	SLT / Counter Fraud and Security Management Manager Senior Leadership Team and relevant others	May 2019

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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, students and hot deskers 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 Manager 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 inform a member of the Corporate Affairs Team where people without

identification cards are found in “unauthorised areas” such as the server room 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.

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.

### **4.2 BRIBERY ACT 2010**

NHS Hull Clinical Commissioning Group has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from The Bribery Act 2010.

The Bribery Act 2010 makes it a criminal offence to bribe or be bribed by another person by offering or requesting a financial or other advantage as a reward or incentive to perform a relevant function or activity improperly performed. The penalties for any breaches of the Act are potentially severe. There is no upper limit on the level of fines that can be imposed and an individual convicted of an offence can face a prison sentence of up to 10 years.

For further information see <http://www.justice.gov.uk/guidance/docs/bribery-act-2010-quick-start-guide.pdf>.

If you require assistance in determining the implications of the Bribery Act please contact the Local Counter Fraud Specialist on telephone number 01482 866800 or email at [nikki.cooper1@nhs.net](mailto:nikki.cooper1@nhs.net).

Due consideration has been given to the Bribery Act 2010 in the development of this policy (or review, as appropriate) of this policy document and no specific risks were identified.

## **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 Manager will inform the new starter that the CCG will 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 an ID 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 Manager. 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 Manager in order that it can be destroyed.

#### 6.4 **Loss of Badge**

The CCG's Counter Fraud and Security Team must be informed by the employee if a badge is lost or stolen on 0191 441 5936, [counterfraud@audit-one.co.uk](mailto:counterfraud@audit-one.co.uk) or [ntawnt.counterfraud@nhs.net](mailto:ntawnt.counterfraud@nhs.net) (secure email).

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 CCG's Counter Fraud and Security Team.

New badge will be issued following receipt of datix report.

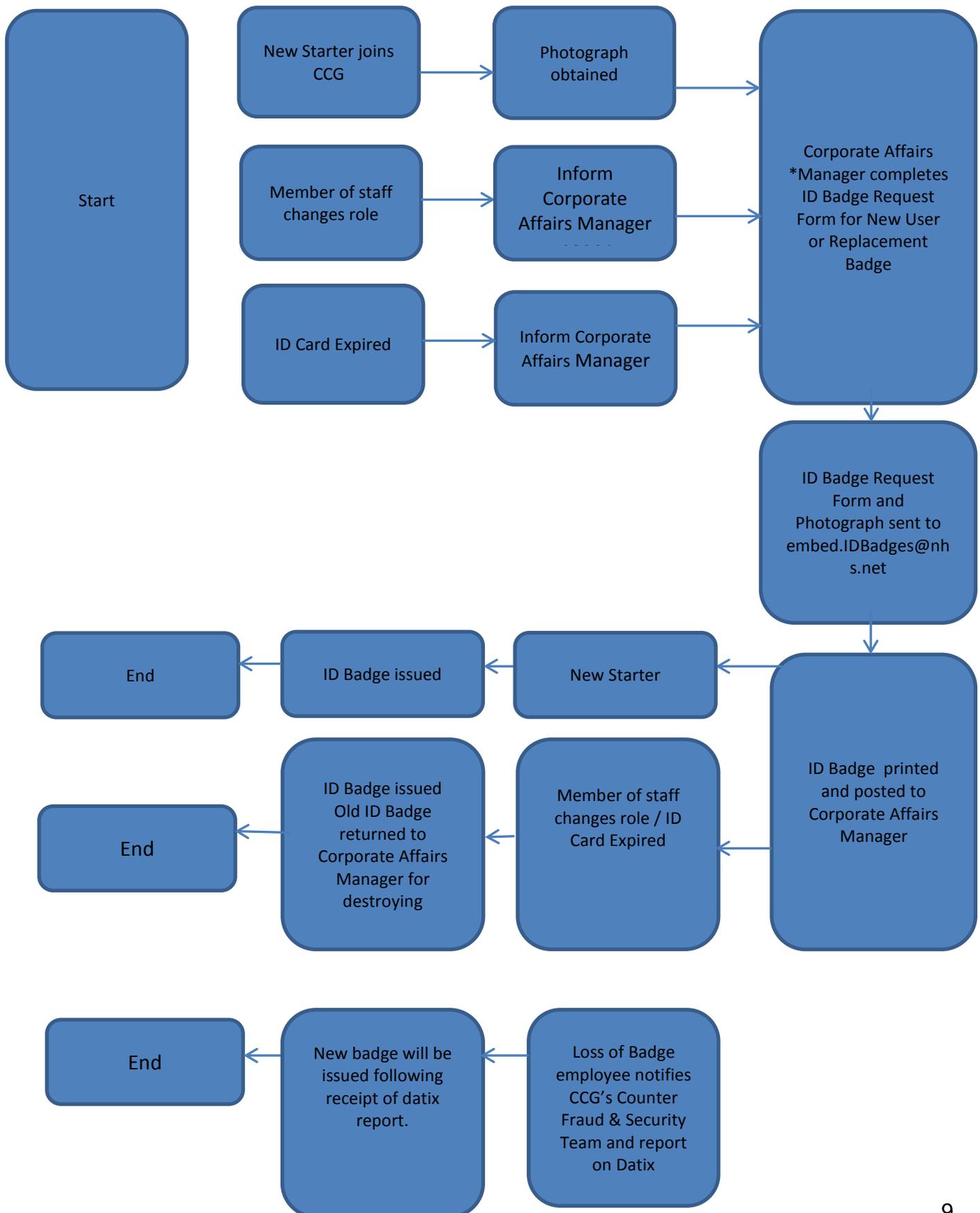
### 7. **MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THIS POLICY**

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**



\* In the absence of the Corporate Affairs Manager for urgent enquiries please contact the PA to the Director of Quality and Clinical Governance/Executive Nurse



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>	22 May 2019
<b>Completed by: (Name and Department)</b>	Michelle Longden, Corporate Affairs Manager Manager
<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 Team 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>

	<ul style="list-style-type: none"> <li>Deputy Directors / Relevant Others</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>

<b>Equality Data</b>	
<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> <p>1: Recruitment data, e.g. applications compared to the population profile,</p>	<p>Yes <input data-bbox="1225 1464 1324 1536" type="checkbox"/></p> <p>No <input checked="" data-bbox="1225 1599 1324 1671" 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</b></p>

application success rates 2: Complaints by groups who share / represent protected characteristics 4: Grievances or decisions upheld and dismissed by protected characteristic group 5: Insight gained through engagement	<b>where it is possible to identify trends or issues, these should be recorded in the EIA.</b>
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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)
<b>Gender</b>	✓			This policy applies to all staff regardless of gender.
<b>Age</b>	✓			This policy applies to all staff regardless of age.
<b>Race / ethnicity / nationality</b>	✓			This policy applies to all staff regardless of race, ethnicity and nationality.
<b>Disability</b>	✓			This policy applies to all staff regardless of disability.
<b>Religion or Belief</b>	✓			This policy applies to all staff regardless of religion or belief.
<b>Sexual Orientation</b>	✓			This policy applies to all staff regardless of sexual orientation.
<b>Pregnancy and Maternity</b>	✓			This policy applies to all staff regardless of pregnancy and maternity.
<b>Transgender / Gender reassignment</b>	✓			This policy applies to all staff regardless of Transgender / Gender reassignment

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

Marriage or civil partnership	✓			This policy applies to all staff regardless of Marriage or civil partnership.
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<b>Action Planning:</b>				
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?				
Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:
Equality and Diversity Implications	Monitoring of any feedback in regards to the policy that may be related to E&D	Associate Director of Corporate Affairs	Ongoing	Ongoing

<b>Sign-off</b>
<b>All policy EIAs must be signed off by Mike Napier, Associate Director of Corporate Affairs</b>
I agree with this assessment / action plan
If <i>disagree</i> , state action/s required, reasons and details of who is to carry them out with timescales:
Signed:  
Date: 01.07.19