

IDENTIFICATION BADGE POLICY AND PROCEDURE FOR EMPLOYEES

OCTOBER 2021

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Name of Policy:	Identification Badge Policy and Procedure
Date Issued:	October 2021
Date to be reviewed:	October 2023

Policy Title:	Identification Badge Policy and Procedure	
Supersedes:	-	
Description of Amendment(s):	New Policy	
This policy will impact on:	NHS North Lincolnshire CCG Employees and Board Members	
Financial Implications:	N/A	
Policy Area:	Corporate	
Version No:	1.0	
Author:	Corporate Directorate	
Effective Date:	October 2021	
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APPROVAL RECORD	Integrated Audit and Governance Committee	November 2021
Consultation:	Counter Fraud Specialist Deputy Directors/Heads of Teams	September 2021
	Information Governance Subgroup relevant others	October 2021

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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. CCG staff must ensure that they have visible on their person at all times an official, photographic identification badge. This includes both at the CCG and at any other provider organisation.

2 SCOPE

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

Contractors, students and individuals from other organisations working within the CCG premises who 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/ Board members on the contents of this policy. The Business 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. there are no circumstances that provide an exception to adherence with this policy' however any exceptions to this policy must be authorised by the manager and appropriately communicated across all staff

3.3 Staff/Board members

All staff and Board members 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 whilst working at the CCG or any provider premises. Staff walking or using public transport whilst travelling between workplaces 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 allowed to carry their identification badge but not display it. This in particular pertains to when staff are driving, as there have been serious injuries blamed on the fact that ID badges have been worn around the neck whilst driving.

In order to ensure security, every member of staff should be prepared to challenge individuals without identification badges in Health Place where it is safe to do so, or inform a member of the Corporate Directorate where people without identification cards or a visitor's pass are found in the building

Staff must ensure that they are aware of the security protocols in place within Health Place 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 Health Place out of office hours.

3.4. Actions to be taken in regard to either lost or stolen are in paragraph 6.4 below'

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 North Lincolnshire 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 07872 988939 / email nikki.cooper1@nhs.net or Head of Anti-Crime Services on 07717 356707 / email steven.moss@nhs.net.

Due consideration has been given to the Bribery Act 2010 in the review of this policy 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 process for obtaining ID badges can be seen in Appendix 1.

The system in place for the issuing 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 process referred to in the new starters section.

Upon issuing of the new badge the old badge is to be sent to the Business Manager for destruction in a secure manner.

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 Business Manager in order that it can be destroyed in a secure manner.

If the individual does not hand the badge in at the time of leaving, the line manager is to complete the process as for a lost badge below.

6.4 Loss of Badge

The individual should inform their line manager of the loss in the first instance and details submitted to the CCG Incident App. The Business Manager should then be contacted and advised of the loss by the respective line manager. The Business Manager will then contact the Local Counter Fraud Specialist on 07872 988939 / email nikki.cooper1@nhs.net for completeness of the loss process.

6.5 If a badge is returned to the CCG, arrangements will then be made to return the identification badge to the employee if they have not already been issued with a replacement under paragraph 6.6. If the process is not followed under para 6.6 then the old badge will be destroyed in a secure manner. Investigation into how it was lost or misplaced may be deemed necessary by the CCG.

6.6 A new badge will be issued following receipt of Incident report and on completion of para 6.4 above

7. MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THIS POLICY

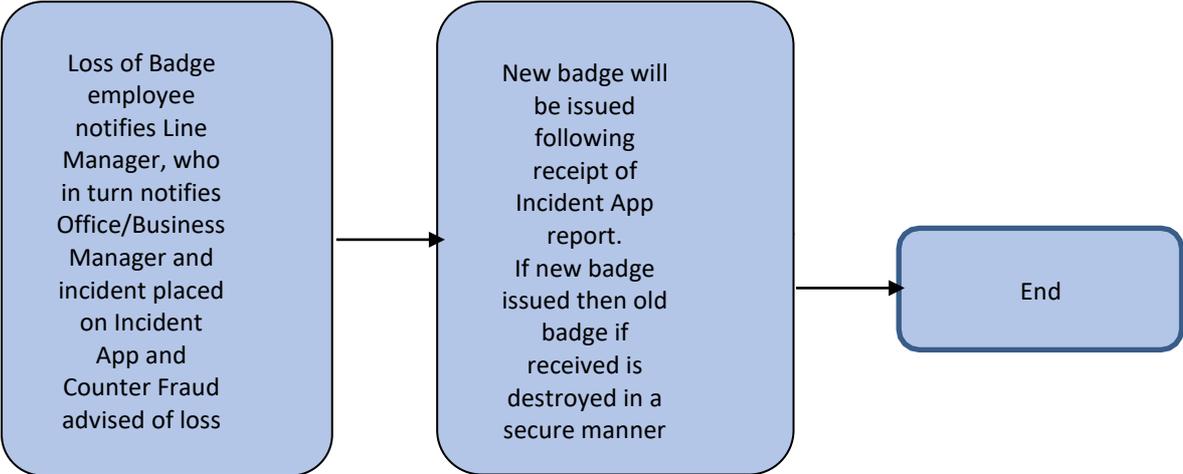
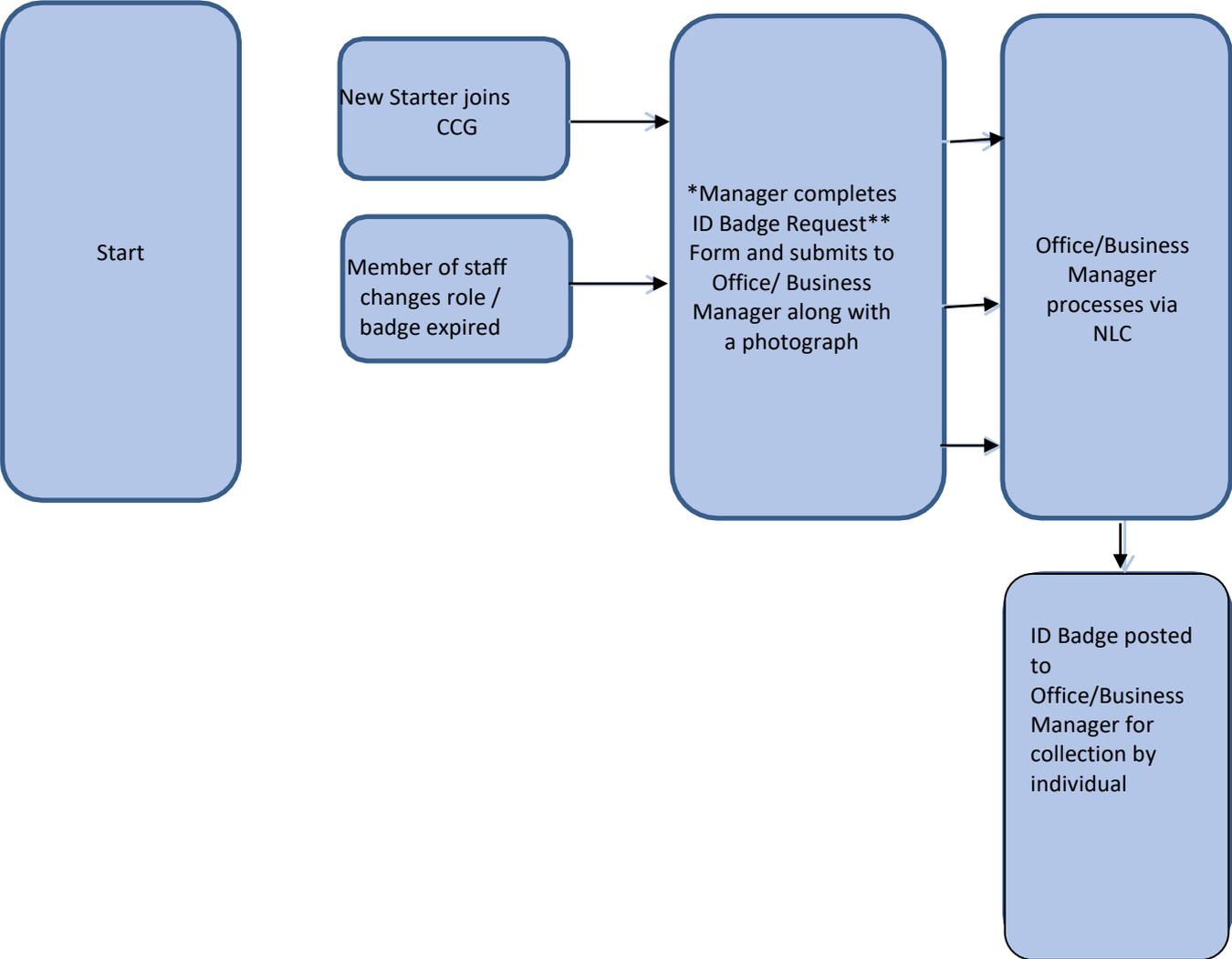
The effectiveness of this Policy will be monitored by the Associate Director of Corporate Affairs.

8. REVIEW

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

8.2 Minor amendments may be made prior to the formal review, details of which will be monitored/approved by the Chief Operating Officer

PROCESS FOR OBTAINING ID BADGES



NHS NORTH LINCOLNSHIRE CCG ID BADGE APPLICATION

Full Name:	
Job Title:	
Start Date:	
Signature:	

Authorisation by Line Manager

I hereby request that the above-named staff member be provided with an ID Badge.

Name:	
Signature:	
Date:	

HR / Corporate Policy Equality Impact Analysis:	
Policy / Project / Function:	Identification Badge Policy and Procedure
Date of Analysis:	October 2021
Completed by: (Name and Department)	Peter LeQuelenec, Business Manager
What are the aims and intended effects of this policy, project or function?	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.
Are there any significant changes to previous policy likely to have an impact on staff / other stakeholder groups?	No
Please list any other policies that are related to or referred to as part of this analysis	N/A
Who will the policy, project or function affect?	NHS NLCCG Employees and Board Members
What engagement / consultation has been done, or is planned for this policy and the equality impact assessment?	Counter Fraud Risk Manager and IG Delivery Manager
Promoting Inclusivity and NL CCG's Equality Objectives. How does the project, service or function contribute towards our aims of eliminating	This Policy does not directly promote inclusivity but sets out a process to allow all staff to obtain an identification badge.

<p>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"> 1. Ensure patients and public have improved access to information and minimise communications barriers 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 3. Recruit and maintain a well-supported, skilled workforce, which is representative of the population we serve 4. Ensure that NHS North Lincolnshire Clinical Commissioning Group is welcoming and inclusive to people from all backgrounds and with a range of access needs 	
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Equality Data	
<p>Is any Equality Data available relating to the use or implementation of this policy, project or function?</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"> 1: Recruitment data, e.g. applications compared to the population profile, 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 	<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>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.</p>

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:	Neutral Impact:	Positive Impact:	Negative Impact:	Evidence of impact and, if applicable, justification where a <i>Genuine Determining Reason</i> ¹ exists (see footnote below – seek further advice in this case)
Gender	✓			This policy applies to all staff regardless of gender.
Age	✓			This policy applies to all staff regardless of age.
Race / ethnicity / nationality	✓			This policy applies to all staff regardless of race, ethnicity and nationality.
Disability	✓			This policy applies to all staff regardless of disability.
Religion or Belief	✓			This policy applies to all staff regardless of religion or belief.
Sexual Orientation	✓			This policy applies to all staff regardless of sexual orientation.
Pregnancy and Maternity	✓			This policy applies to all staff regardless of pregnancy and maternity.
Transgender / Gender reassignment	✓			This policy applies to all staff regardless of Transgender / Gender reassignment
Marriage or civil partnership	✓			This policy applies to all staff regardless of 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. ¹ *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:
This policy may not be accessible to staff with communication barriers, in its current format.	The CCG's Communication Team has developed the 'portal' to signpost individuals to alternative formats.	CCG Communications	Updating of this facility is ongoing	Ongoing

Sign-off

All policy EIAs must be signed off by the Business Manager

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: 20 October 2021