

Staff Photo Identification Badge Procedure

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DOCUMENT DEVELOPMENT COVERSHEET*

Name of document	Staff Photo ID Badge Procedures		
Registration Reference Number	HRPOL029	New □	Review 🗹
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Proposed groups to present document to:		
Executive Management Team		
All staff / Area Partnership Forum		
Staff Governance Committee		

Date	Version	Group	Reason	Outcome
01/09/2017	2	APF/SGC	Agreed to revise review date as current policy is up to date.	PRO

Examples of reasons for presenting to the group	Examples of outcomes following meeting
• Professional input required re: content (PI)	 Significant changes to content required – refer to Executive Lead for guidance (SC)
Professional opinion on content (PO)	• To amend content & re-submit to group (AC&R)
General comments/suggestions (C/S)	 For minor revisions (e.g. format/layout) – no need to re-submit to group (MR)
For information only (FIO)	 Recommend proceeding to next stage (PRO)

*To be attached to the document under development/review and presented to the group

Please record details of any changes made to the document on the back of this form

DATE	CHANGES MADE TO DOCUMENT
	Various minor amendments to reflect organisational changes.
	Contents Page Added
	Sections 7 + 8 added

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1. Introduction

1.1 It is a requirement of employment by NHS Shetland (the Board) that all employees, volunteers and workers are issued with Staff Photo Identity Badges that are worn whenever staff are on duty and representing NHS Shetland. Where staff have two (or more) discrete roles within the course of their employment, an Identity Badge will be issued for each role.

1.1.1 It is acknowledged by the Board that in respect of direct patient contact, e.g. patient handling, Staff Photo Identity Badges can be impractical when worn externally and it is accepted that the Badges will be carried rather than externally displayed in these situations.

1.1.2 It is further acknowledged that in some situations a clinical judgement may need to be made with regard to externally displaying a Staff Photo Identity Badge where it is considered that the patient/clinician relationship will be adversely affected.

- 1.2 This requirement includes workers carrying out duties on behalf of a third party contractor.
- 1.3 With regard to short-term temporary workers and visitors to the Board's premises, Photo Identity Badges will be issued. However, the co-operation of line managers is sought in notifying the Human Resources Department well in advance of the need for such badges.
- 1.4 The Staff Photo Identity Badge should be carried by staff at all times and not only when on duty and displayed to ensure effective response to emergency situations. For example, the badge should not be left in a hospital locker at the conclusion of a working shift as it will be required to gain access to the hospital in an emergency situation.

2. Procedure

As part of the Induction process, all new members of staff will be required to visit the Human Resources Department to have their photograph taken and an Identity Badge issued.

For staff who are not able to attend the department, photographs can be emailed by their line manager to <u>shet-hb.hradmin@nhs.net</u> with details of their name, job title and location.

Where existing staff change roles or name, the Identity Badge should be returned as soon as possible to the Human Resources Department for a new one to be issued. Line Managers are responsible on behalf of the Board for ensuring that all badges are up-to-date.

3. Staff Benefit

Staff are eligible for discounted purchases in the Cafeteria (Da Casual Tea) located in the Gilbert Bain Hospital. Staff are only eligible for the discount if they display their Board Identity Badge.

4. Audit

It is the responsibility of line managers and heads of department to regularly check that staff have and are displaying or carrying an up-to-date Board Identity Badge.

5. Termination of Employment

When a member of staff leaves the employment of the Board, it is the responsibility of the immediate line manager to retrieve the Board Identity Badge and to return the badge to the Human Resources Department for appropriate record and destruction.

6. Inappropriate Use of Badges

Misuse of a Board Identity Badge will be subject to action under the Board's Managing Conduct Policy.

7. Monitoring and Review

This procedure will be subject to ongoing monitoring and evaluation to ensure that it is being implemented fairly, consistently, effectively and in line with the procedure's stated principles and values. The procedure will be subject to regular review, in partnership, to ensure that any new standards and/or structures are incorporated when necessary and that it remains fit for purpose.

8. Impact Assessment

This procedure has been equality impact assessed using a rapid impact checklist process. The font used on the document control pages is size 11 in places and also there is some text with capital letters which some people with literacy issues or visual impairments may find difficult to read. However, this is a Board-wide format and not in the remit of this policy to amend. Otherwise the procedure was found to be neutral in relation to impact on people with protected characteristics.