

TRUST INDUCTION POLICY

Department / Service:	Learning and Development
Originator:	Sandra Berry Assistant Director of OD
Accountable Director:	Tina Ricketts Director of People and Culture
Approved by:	Denise Harnin On behalf of the Joint Negotiating and Consultative Committee
Date of first Approval:	22 nd January 2014
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This is the most current document and should be used until a revised version is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All Trust Departments
Target staff categories	All Trust Staff

Policy Overview:

The purpose of this document is to outline the process for the induction of all new staff to Worcestershire Acute Hospitals NHS Trust and the responsibilities for all those involved in the induction process.

Latest Amendments to this policy:

Date:	Amendment:	By:
13.02.2017	Reference to NHSLA replaced by CQC fundamental standards	Jo Chant
13.02.2017	Removal of Induction course booking application	Jo Chant
13.02.2017	Realignment of responsible officers titles	Jo Chant
June 2019	Document extended for 12 months whilst review process takes place	Rachel Morris/Tina Ricketts
June 2020	Document extended for 6 months during COVID-19 period	

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Trust Induction Policy		
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1. Introduction

- 1.1 Induction is the process by which new employees whether full or part time, temporary or permanent, or employees in significantly changed roles are given the necessary guidance, information and training to enable them to work successfully, safely and effectively, and the induction process assists in retaining these staff.
- 1.2 The Trust is committed to helping the new employee adjust to their post as quickly as possible ensuring that they understand clearly what is expected of their role and its relationship with other people and departments, and that they are able to undertake their job in a safe manner.
- 1.3 The policy also supports the Trust's commitment to Standards for Patient Safety, and compliance with Health and Safety Legislation.
- 1.4 The purpose of this policy is to outline the framework of the employee's induction programme. Application of the policy should be in accordance with the principles of the Trust's Recruitment and Selection Policy WAHT – HR- 004.
- 1.5 Worcestershire Acute Hospitals NHS Trust recognises the important contribution that staff make to the delivery of quality patient care, and therefore are keen to ensure that good practice is implemented in respect of the induction of new employees to the organisation.
- 1.6 This will be achieved through a Trust Induction complemented by a Local Induction programme; both are mandatory and are fully endorsed by the Chief Executive and Trust Board.
- 1.7 The purpose of this policy is to ensure new starters receive both Trust and Local Induction, which is given in a timely and systematic way, and appropriate to the individual's needs.

2. Scope of this document

- 2.1 This policy applies to all employees of the Trust who are new to the organisation including agency/bank staff, staff that have transferred to the trust from other NHS organisations i.e. those staff that have transferred under Transfer of undertakings (Protection of Employment (TUPE), volunteers, long term work experience placements (more than 2 months) and medical staff and for those staff who transfer to a new post that has significantly changed.
- 2.2 This policy sets out the responsibilities of heads of departments and line managers for ensuring new employees are given adequate time to attend the Trust Induction Programme and also to receive a local induction programme appropriate to their needs.
- 2.3 This policy relates to all new starters in the Trust and non-compliance with the policy will be reported to Directorates via their performance reviews. Regular reports to Directorate Managers are provided by Learning and Development and appropriate actions agreed, with regard to ensuring new starters attend induction as soon as possible.

3. Definitions

3.1 Trust Induction is the process of introducing new employees to the organisation and making them aware of expected behaviours, an introduction to all key policies and the values and aims of the organisation, and ensuring they are safe to commence employment.

3.2 Local (departmental) Induction is the process of introducing new employees to the department that they will be working in, ensuring they are aware of all health and safety procedures, fire exits and local procedures.

3.3 Local Induction for temporary staff is the process of ensuring all temporary new employees to the Trust are introduced to the department they will be working in and the organisations policies.

3.4 Permanent Staff are those employees that are employed for more than 2 months.

3.5 Temporary Staff are those employees that are employed via an agency or on a contract for less than 2 months.

4. Responsibility and Duties

4.1 Overall responsibility for this policy rests with the Trust Board. Operational responsibilities are delegated as follows:

4.2 Executive Directors

The lead Executive Director for this policy will be the Director of Human Resources and Organisational Development. In addition, all Executive Directors will be responsible for ensuring that:

- All employees are informed of the terms of the policy and the procedures that apply to them.
- The policy is implemented and operated effectively within the sphere of their control.

4.3 Head of Department/ Managers Responsibilities

Trust Induction

- Managers must ensure that all new employees attend the Trust Induction programme on their first day of employment or, if not possible, within the first month of employment. The CQC Fundamental Standards state that all staff attend a Trust induction programme and systems are in place to guarantee they receive this training to ensure their competence. Managers should plan the employees start date so that it coincides with the Trust Induction programme date and should the new employee not attend, their duties will be restricted until they have completed all of the mandatory/statutory training required of the post.
- It is the manager's responsibility to ensure that prior to the new employees start date they book a place on the Trust Induction Programme by emailing: wah-tr.CHEC-trainingteam@nhs.net to book the employees place on the next available programme.

- The manager must ensure new staff complete the Trusts induction programme before commencing their full duties or the Trust will become liable for that employees accountability both professionally and financially.
- A formal offer of appointment letter should be sent by the Manager to the new employee with a date for attendance on the Trusts induction programme included.
- The Human Resources Department must contact the Learning and Development Department with names of new doctors including Consultants that commence outside of the normal bi yearly intake. The Directorate Managers will organise dates of attendance on the Trust Induction Programme and inform the learning and Development department of dates.
- A checklist has been designed to identify some of the minimum information needs of a new Consultant (Appendix D).
- Attendances at Trust induction will be routinely monitored and only in the exceptional circumstances of someone commencing duty without having attended the Trust's induction programme, their manager must ensure that they receive an appropriate induction/orientation on their first day and their duties will be restricted until they have completed all the relevant mandatory/statutory training.
- Staff that are booked onto induction and then do not attend are recorded as DNA and their managers are sent a letter informing them of their non-attendance, so they can be rebooked onto the Trust induction programme. All non-attendees are reported to directorates on a monthly basis.
- A monthly new starter report will be monitored against an ESR report on induction attendees and any non-attendees will be notified to the Directorate Managers for them to agree appropriate action and ensure non-attendees are booked onto the next available induction programme. Directorate Managers will be expected to report back to the Learning and Development Department what action has been taken and also to recheck for non-attenders from the previous months report.
- Employees who leave the Trust and return within a 12-month period will not be required to attend a further induction course unless there is a change with regard to their statutory and mandatory training requirements.

Local Induction

- A generic induction checklist has been designed to identify the information that is to be passed on to the employee (Appendix B), This information is to be used as a guide and is not an exhaustive list and may be amended to suit departmental needs and to take account of local risk assessments.
- Managers are responsible for ensuring that all types of induction programmes are planned, implemented and evaluated.
- Managers must designate a named person to facilitate and account for the delivery of the local induction programme for permanent and temporary staff. Each person that delivers a section must sign to confirm that the section has been completed.

- Managers should focus on the high-risk elements of the new employee's role i.e. Health and Safety, specific legislation, equipment used, introduction of policies and procedures of the department/ward within which they will be working on the first day.

As it is appreciated there is a high level of information to absorb by a new employee:

- Completion of Local Induction programmes should take no longer than six weeks from the commencement date.
- After completion of the local induction programme Managers or nominated person must continue to check that new staff are clear about what is expected of them and if any further support that is identified will be provided and reviewed.
- The Manager or designated person must ensure that all parts of the local Induction relevant to the individual are completed and any parts missed followed up.
- On completion of the induction programme the manager and new employee must sign the Local Induction Checklist and retain a copy of the induction programme in the individual's file. The completed Local induction record must be sent by the Manager or nominated person to the Learning & Development department so this can be recorded as completed on ESR.
- The manager should ensure a copy of the local induction checklist for agency or temporary staff is sent to the Learning and Development Department.
- Copies of formal records of training must also be kept on the individual's personal file and copies forwarded to the Learning and Development department for entry onto ESR.
- The Manager and the employee should meet and review the induction process establishing the new employee's views and ascertain whether they have "settled in" and discuss if appropriate any further training or development needs they feel are needed to be fully effective.

4.4 Employees Responsibilities

- To attend and participate in the Trust and Local Induction process in order to fully understand their role and their contribution to the Trusts objectives
- To jointly complete the Induction Checklist with their Head of Department/manager.
- To identify any areas requiring further clarification or understanding.
- To evaluate the induction programme through discussions with their manager and feedback any comments.
- To contact their manager to report non-attendance to Trust induction if for exceptional circumstances i.e. sickness they are unable to attend and to make appropriate arrangements to attend at a later date.
- Upon failure to attend Trust induction the individual will be unable to partake in any clinical duties until they have completed the mandatory training requirements of their post.

- Employees of the Trust are actively encouraged to join a recognised Trade Union / Professional Association. There are several Trade Unions and Professional Associations represented on the Joint Negotiating and Consultative Committee. No person, either as an employee or job applicant, will be discriminated against on the grounds of Trade Union Membership.

4.5 Learning and Development Department Responsibilities

- Deliver/facilitate a Trust Induction programme on behalf of the Trust.
- Maintain attendance records on Trust Induction for permanent and temporary staff.
- Ensure that the session contents meet the requirements of mandatory and statutory requirements.
- Provide statistical information on Divisional Compliance to Human Resources Director and General Managers.
- Continually review and develop induction process through Trust Induction evaluation process and produce evaluation reports for speakers on Trust induction programme.
- Provide advice and support to speakers/trainers involved in the Trust induction programme about style and delivery of presentations.
- Check that local inductions are taking place and ensure follow up with managers for non-compliant staff.
- Provide guidance and advice to managers on how to design and deliver their own Local Induction programme.

5. Policy Detail

Trust Induction

- 5.1 The Trust Induction programme seeks to provide an introduction to many key statutory and mandatory issues regardless of job role. (Appendix A)
- 5.2 All new employees attend Day 1 which identifies trust structures and basic principles relating to employment and mandatory training. Day 2 is designed for all staff involved in handling patients including Consultants and all grades of medical staff (starting out of the biyearly rotation).
- 5.3 For Doctors in training that commence on the normal Bi-yearly commencement (Aug & Feb) they complete the national Doctors in Training Online Generic Induction (DITOGI) and a separate induction programme is arranged for their first day in the Trust/
- 5.4 All temporary staff must also receive induction. All staff i.e. agency staff, including Locum Doctors should complete a local induction checklist with a supervisor or head of department upon commencement. (Appendix C)

A full induction checklist should be completed if the individual will be working in the ward or department more than one month.

- 5.5 Trust Induction Programmes are held monthly on the Worcestershire Royal Hospital and Alexandra Hospital sites. New starters from all three sites can attend either of these programmes and are expected to attend on the first day of their commencement or if this is not possible agreement must be made with the Director responsible for the employee to attend within the first month of employment.
- 5.6 It is recognised that individuals may have further personal development requirements that relate to issues linked to their roles and responsibilities; these should be identified at a departmental level.

Local Induction

- 5.7 The induction process begins during recruitment and selection (refer to Recruitment and Selection Policy WAHT – HR - 004) when the post holder first begins to learn about the organisation.
- 5.8 A Local Induction is to be designed by the head of the department/ manager and should take into account the needs of the post and individual departmental issues and should meet the minimum criteria as per the departmental induction checklist (Appendix B).
- 5.9 The programme should be commenced immediately at the start of employment after completion of the trust's induction programme and be spread over several days or weeks after the new recruit commences in post.
- 5.10 The aim of a systematic induction programme is to cover all the ground in the shortest effective time bearing in mind:
- A new employee can take in only a limited amount of information at a time.
 - As the new employee becomes more established in their post it will probably be more difficult to arrange 'time off' for induction.
 - Safety must have a high priority.
 - The layout of the ward/department should be covered at the earliest opportunity, ideally on the first day.
- 5.11 Disparities in the quality of local induction exist across the organisation. Therefore a set of checklists has been developed for all departments to follow. The checklist in Appendix B is for guidance and should act as an "aide memoir" and managers may wish to adapt the form to meet their own requirements. This should help to ensure that all new recruits receive the same minimum standard of induction.

6. Implementation

6.1 Plan for implementation

This policy will be implemented immediately upon approval.

6.2 Dissemination

Mandatory Training Lead will oversee the effective communication of the approved policy to all relevant staff.

6.3 Training and awareness

The Mandatory Training Lead will oversee the effective communication of the approved policy to all relevant staff. This includes emailing copies of the policy so it can be implemented for all new starters to:

- **Matrons**
- **Heads of departments**
- **Executive Directors**
- **Ward Managers**
- **Volunteer Co-ordinator**
- **Head of Patient Experience**

This policy is accessible via the HR document library on the Trust Intranet.

7. Monitoring and compliance

The Mandatory Training Lead will review the policy to reflect changes in mandatory and statutory requirements and be responsible for monitoring and reviewing the effectiveness of this policy. The target for new starter attendance for Trust induction is 90% with actions agreed and recorded for non-compliant departments.

Compliance for Trust Induction will be checked on a monthly basis which will show new starters attendance and non-attendance and actions agreed with managers where non-attendance has been identified. Compliance for all local induction will be checked by completion of the local induction record sent to Learning & Development department. A reminder will be sent to the relevant managers for those staff that a local induction has not been completed.

8. Policy Review

The policy will be reviewed and approved bi-annually by the JNCC and ratified by the Workforce Assurance group

9. References:

Code:

CQC Fundamental Standards	
Procedure for management of incremental pay progression	WAHT – HR-090
Personal Development Review Policy (PDR)	WAHT – HR- 049
Health & safety Legislation	
Standards for Patient safety	
Recruitment & Selection policy procedures	WAHT- HR-004

10. Background

10.1 Equality requirements

No equality impacts identified.

10.2 Financial risk assessment

Increase in Trust insurance premiums should the policy not be adhered to.

10.3 Consultation

Key individuals involved in developing this document.

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
All Staff side reps Via JNCC
Divisional Directors of Operations
Divisional Directors of Nursing
Directorate Managers
Matrons
Heads of Service
Subject Matter Experts

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Joint Negotiating and Consultative Committee

10.4 Approval Process

The policy has been developed by the Learning and Development Department, and has been subject to consultation with staff representatives. This policy has been approved by JNCC.

10.5 Version Control

This section should contain a list of key amendments made to this document each time it is reviewed.

Date	Amendment
30/9/08	Appendix A detailed appendix of corporate induction programme added
30/9/08	Appendix E – updated Flowchart for induction process
5/8/09	Local induction – change to sections 4.4, 4.6, 10 and 11 in relation to recording of local induction.
4/1/12	Details of e-learning junior doctors induction added to paragraph 3.3
1/6/12	Paragraph 4.4 and 4.6 – 6 monthly audit on local induction introduced.
1/6/12	Paragraph 10 – How monitoring of temporary local induction will be achieved.
11/07/13	Paragraph 5.4 and 5.6 & 10 changes to the Local induction process
11/07/13	Appendix A – updated Induction programme
11/07/13	Appendix B & C – added local induction record
11/07/13	Appendix E- updated Flowchart for induction

01/10/13	Minor amendments made to Appendix B
31/03/16	Document extended for 12 months as per TMC paper approved on 22 nd July 2015
13.02.17	Reference to NHSLA replaced by CQC fundamental standards
13.02.17	Removal of Induction course booking application
13.02.17	Realignment of responsible officers titles

Appendix A

Trust Induction Programme information

Aims of the Induction Programme:

- To welcome all newly appointed staff to Worcestershire Acute Hospitals NHS Trust.
- To enable you to meet staff from other departments within the Trust.
- To give an appreciation of the organisational structure and culture of Worcestershire Acute Hospitals NHS Trust.
- To assist you in gaining information regarding procedures and regulations which operate in Worcestershire Acute Hospitals NHS Trust. These procedures are designed to keep you, your colleagues and patients safe.
- Make you feel welcome, part of the organisation and ensure that you are aware of the Trust's objectives.
- Ensure that you know who your colleagues are and where to seek further assistance and advice when necessary.
- Ensure that you are aware of all the policies, procedures and processes that you need to know to enable you to work effectively and safely.
- Ensure that you are aware about what is expected from you at work both in terms of skills and abilities and also attitude and behaviour.
- Ensure that you are aware of the level of commitment to quality and the role that you can play in ensuring the Trust delivers the best possible "customer care."
- To advise staff of TU's and where to find contact details.

Induction Programme Content

Welcome to Worcestershire Acute Hospitals NHS Trust	All Staff
Patient Experience	All Staff
Risk/Clinical Governance	All Staff
Fire	All Staff
Health & Safety - Infection Control level 1	All Staff
Manual Handling level 1	All Staff
Information Governance	All Staff
Conflict Resolution	All Staff
Learning Disabilities	All Staff
Safeguarding Adults level 1	All Staff
Preventing Radicalisation	All Staff
Safeguarding Children level 1	All Staff
Dementia awareness	All Staff
Clinical health Record keeping	Clinical staff
Venous Thromboembolism	Clinical Staff
Palliative Care and End of Life	Clinical Staff

Blood Transfusion	Clinical Staff
Mental capacity Act & Deprivation of Liberty	Clinical Staff
Outreach Team	Clinical Staff
Resuscitation	Clinical Staff
Manual Handling Level 2 (Practical)	Clinical Staff
Whistleblowing/Freedom to Speak Up	All staff
Fraud	All staff

Doctors in Training Induction

Doctors in training have to complete the National Doctors in training on line generic Induction (DITOGI) package consisting of 18 modules. These have been developed through a multi-professional collaboration across the NHS West Midlands region. All trainees are expected to have completed all of the 18 modules prior to their start date in the Trust either in August or February.

Furthermore, any Doctors in training that commence outside of the normal bi-Yearly intake they must have completed the online generic modules and if any modules have lapsed then they must attend Trust induction.

In addition to this it is mandatory for all staff working in the Trust to complete Information Governance training on an annual basis to ensure they work within the law; comply with trust policies and maintain professional standards.

Statutory Modules	Trust refresher periods
Fire Training	Annual
Health & Safety	3 Yearly
Manual Handling	2 Yearly
Infection Prevention and control	Annual
Safeguarding Children	3 Yearly
Conflict resolution	3 Yearly
Equality and Diversity	3 Yearly
Safeguarding adults	3 Yearly
Risk Management	Once
Blood transfusion	2 Yearly
Anticoagulation/ thromboprophylaxis	3 Yearly
Prescribing	Once only
Mental Capacity Act	3 Yearly
Consent	3 Yearly
Audit and Clinical Governance	Once only
Coroner information/death certification	Once only
Complaints	Once only
Tuberculosis (TB)	Once only

APPENDIX B**Local Induction Checklist (Permanent Staff)**

Name

Post Title.....

Department

Directorate

Date of Appointment and start date if different

Name of Line Manager

This checklist is to ensure that all aspects of your induction are covered in a timely and effective manner. As each item is discussed it will be signed off by the person providing the information, and by yourself, once you feel the information has been adequately covered. If any item does not apply to your post please mark N.A. If you feel that any area has been missed, and you require further information, please bring it to the attention of your line manager.

Once the induction is complete, you and your line manager (or equivalent) should sign the checklist. The complete and signed checklist will be placed on your personal file.

The “Local Induction Record” should be forwarded to the Learning and Development Department, Charles Hastings Education Centre, WRH as evidence of completion and in accordance with TrustT induction policy. The following must be completed and signed off by Line Manager (or equivalent) prior to commencing duties:

EMPLOYMENT DOCUMENTATION CHECKS <i>The list below represents examples of topic to be covered in this section. It is not exhaustive list and should be personalised according to the requirements of the organisation.</i>	Signature of Line Manager	Date
References		
Proof of registration		
DBS checks (where appropriate)		
Record/Proof of Qualifications		
Arrange issue of Security Cards, IT access		
Driving Licence (where appropriate)		
Identity Check (on ward/department)		
NHS Pension scheme guide- ensure the candidate is shown where to find the guide		
New starter form completed		
Right to work in the UK check		

The following must be completed and signed off by Line Manager (or equivalent) ASAP on the first day working within the department:

THE WARD/DEPARTMENT <i>The list below represents examples of topic to be covered in this section. It is not exhaustive list and should be personalised according to the requirements of the organisation.</i>	Signature of Line Manager	Date	Signature of Employee	Date
Orientation to the ward/department and any other areas within the organisation relevant to post.				
Handbook/ Introduction pack received and discussed.				
Security Pass, Key, name badge, access codes etc				
Car parking, Catering and washroom facilities				
Explain the function and structure of the ward/department.				
Introduction to key individuals within the ward/department.				
Confirm hours of work and shift patterns where applicable.				
"On Call" and bleep arrangements.				
First Aid Arrangements: <ul style="list-style-type: none"> • Nominated first aider 				
Resuscitation procedures: <ul style="list-style-type: none"> ▪ Equipment ▪ Procedures ▪ crash trolley location ▪ emergency telephone numbers 				
Fire safety procedures and assembly points: <ul style="list-style-type: none"> ▪ fire exits ▪ equipment ▪ alarms ▪ emergency telephone numbers ▪ evacuation procedures 				
Moving & handling procedures: <ul style="list-style-type: none"> ▪ equipment ▪ procedures ▪ lifting and handling regulations ▪ Nominated Manual Handling instructor 				
Medicines Management procedures: Refer to MM Induction checklist <ul style="list-style-type: none"> ▪ pharmacy and local protocols ▪ prescription stationary ▪ administration procedures ▪ Medicines policy & standard operating procedures ▪ Medications common to area 				
Incident reporting procedures: <ul style="list-style-type: none"> ▪ Access to Datix incident reporting system ▪ completing the forms ▪ RIDDOR requirements 				

Incident reporting procedures: <ul style="list-style-type: none"> Access to Datix incident reporting system completing the forms RIDDOR requirements 				
Infection control procedures: <ul style="list-style-type: none"> hand hygiene procedures Infection status of clinical setting 				
Health and safety procedures: <ul style="list-style-type: none"> Missing in-patient guidelines Safekeeping of patients property & valuables Waste disposal- Safe Operating Procedures 				

THE WARD/DEPARTMENT <i>The list below represents examples of topic to be covered in this section. It is not exhaustive list and should be personalised according to the requirements of the organisation.</i>	Signature of Line Manager	Date	Signature of Employee	Date
Explanation of the key documents used within the ward/department <ul style="list-style-type: none"> Care pathways Patient records Observation charts 				
Explanation of the key equipment used within the ward/department and training requirements. <ul style="list-style-type: none"> Monitoring equipment Specialist equipment Decontamination Competence on equipment checked. 				
ROLES & RESPONSIBILITIES <i>The list below represents examples of topic to be covered in this section. It is not exhaustive list and should be personalised according to the requirements of the organisation.</i>				
Introduction to mentor/supervisor.				
The specific duties and responsibilities of the post.				
Expectations and limitations of the post.				
KEY POLICIES AND PROCEDURES <i>The list below represents examples of topic to be covered in this section. It is not exhaustive list and should be personalised according to the requirements of the organisation.</i>				
Resuscitation policy				
Fire safety policy				
Manual Handling policy				
Performance Development review policy (PDR)				
Procedure for managing Incremental pay progression.				
Medicines management policy				
Incident reporting policy				

Infection control policy				
Health and safety policy				
SICKNESS/ABSENCE <i>The list below represents examples of topic to be covered in this section. It is not exhaustive list and should be personalised according to the requirements of the organisation.</i>				
Explanation of the local procedures regarding sickness and absence <ul style="list-style-type: none"> ▪ reporting ▪ return to work procedures ▪ reporting to occupational health 				
HR Policies & Procedures <ul style="list-style-type: none"> • Flexible working • Leave & pay policy • Family leave policy • Disciplinary • Grievance • Dignity at work 				

COMMUNICATION <i>The list below represents examples of topic to be covered in this section. It is not exhaustive list and should be personalised according to the requirements of the organisation.</i>	Signature of Line Manager	Date	Signature of Employee	Date
Use of the trust intranet/ email system				
How to use the telecommunications system				
Location and use of general trust policies & documents.				
SUPERVISION <i>The list below represents examples of topic to be covered in this section. It is not exhaustive list and should be personalised according to the requirements of the organisation.</i>				
Explanation regarding the length of supervised practice				
Explanation of the organisation's appraisal and review system (PDR)				
Plan a date (within 1 month) to review induction document				
HOLIDAYS <i>The list below represents examples of topic to be covered in this section. It is not exhaustive list and should be personalised according to the requirements of the organisation.</i>				
Explain annual leave entitlement				

Explain process for booking annual leave				
Explain process for booking annual leave				
Statutory & Mandatory Training requirements <i>Some of the mandatory training is specific to particular staff groups and may be determined by trust policy and legal requirements. Please check TNA -WHAT-HR-039</i>		Date of completion	Signature	
IT Clinical System Training e.g. Oasis, Bluespier, ICE requesting, ADT whiteboard etc.(see IT training) No access to clinical systems will be given until IT training is completed.				
Fire	All staff			
Infection control	All staff			
Manual Handling	All staff			
Health & safety	All staff			
Information Governance	All staff			
Equality & diversity	All staff			
Safeguarding Children must complete most appropriate level for role.	All staff			
Safeguarding Adults	All staff			
Resuscitation	Clinical staff			
Conflict resolution	All staff			
Blood transfusion	Clinical staff			
Medical Devices	Clinical staff			
Violence & aggression	All front line staff who may be at risk of physical assault			
Clinical health record keeping	For those who write in patient notes			

Medicines management post induction study day	Clinical staff				
The care certificate	All care support workers				
SUPERVISION/KSF/REVIEWS <i>The list below represents examples of topic to be covered in this section. It is not exhaustive list and should be personalised according to the requirements of the organisation.</i>		Signature of Line Manager	Date	Signature of Employee	Date
Plan date for appraisal (PDR)					
Review learning from corporate & local induction					
Agree a personal development plan					
Check that corporate induction has been completed.					
SPECIAL RESPONSIBILITIES <i>The list and should be personalised according to the roles and responsibilities of the individual.</i>					
Eg: explanation of the role of the lead consultant for risk management.					
SPECIALIST WARD/DEPARTMENT INDUCTION INFORMATION <i>This section should be personalised according to the requirements of the specialist area.</i>					

Please ensure a copy of this checklist is placed on employee's personal file. **The Local Induction Record MUST be completed and returned to Learning & Development department within six weeks of commencement date.**

Local Induction Record

	Employee Details
Name	
Designation	
Date Commenced Employment:	
Date of Trust corporate induction:	
Date Departmental Induction completed:	

I confirm I have received and I am satisfied with my local induction and orientation and this record is an accurate reflection of what was covered.

Signed:

Date:

Manager:	
Name:	
Designation:	
Department:	

I confirm that a full local induction has been undertaken in respect of the above member of staff and a copy placed in their personal file.

Signed:

Date:

.....

Please return a copy of this record within six weeks of the first day of employment to Learning & Development department, Charles Hasting Education centre.
<mailto:wah-tr.CHEC-TrainingTeam@nhs.net>

APPENDIX C

Local Induction Checklist (Temporary Staff) Inc. Locum Consultants

Name of Agency / Temporary Worker.....
 Post Title.....
 Department.....
 Directorate.....
 Date of Appointment and start date if different.....
 Name of Line Manager.....

This checklist is to ensure that all aspects of your induction are covered in a timely and effective manner. As each item is discussed it will be signed off by the person providing the information, and by yourself, once you feel the information has been adequately covered. If any item does not apply to your post please mark N.A. If you feel that any area has been missed, and you require further information, please bring it to the attention of the person completing the induction with you.

Once the induction is complete, you should both sign the checklist. The completed and signed checklist will be kept by the Human Resources Department and a copy will be forwarded to you for your own records.

The “Local Induction Record” should be forwarded to Learning & .Development as evidence of completion and in accordance with trust Induction Policy.

The following must be completed and signed off by Line Manager (or equivalent) prior to commencing duties:

EMPLOYMENT DOCUMENTATION CHECKS	Signature of Line Manager	Date	Comments
<i>The list below represents examples of topic to be covered in this section. It is not exhaustive list and should be personalised according to the requirements of the organisation.</i>			
Confirm the following have been received and reviewed centrally: References Proof of registration DBS checks (where appropriate) Record/Proof of Qualifications			
Confirm an emergency contact telephone number			
Identity Check (on ward/department)			

THE WARD/DEPARTMENT <i>The list below represents examples of topic to be covered in this section. It is not exhaustive list and should be personalised according to the requirements of the organisation.</i>	Signature of Line Manager	Date	Signature of Employee
Orientation to the ward/department and any areas within the organisation relevant to post.			
Security Pass, Key, name badge, access codes etc			
Car parking, Catering and washroom facilities			
The specific duties and responsibilities of the post.			
Confirm hours of work and shift patterns where applicable.			
"On Call" and bleep arrangements.			
Resuscitation procedures: <ul style="list-style-type: none"> ▪ Equipment ▪ Procedures ▪ crash trolley location ▪ emergency telephone numbers 			
Fire safety procedures and assembly points: <ul style="list-style-type: none"> ▪ fire exits ▪ equipment ▪ alarms ▪ emergency telephone numbers ▪ evacuation procedures 			
Moving & handling procedures: <ul style="list-style-type: none"> ▪ equipment ▪ procedures ▪ lifting and handling regulations ▪ Manual Handling instructor 			
Medicines safety procedures: <ul style="list-style-type: none"> ▪ pharmacy and local protocols ▪ prescription ▪ administration ▪ standard operating procedures ▪ Medications common to area 			
Incident reporting procedures: <ul style="list-style-type: none"> ▪ location of Incident forms ▪ completing the forms ▪ reporting arrangements 			
Infection control procedures: <ul style="list-style-type: none"> ▪ hand hygiene procedures ▪ Infection status of clinical setting 			
Health and safety procedures: <ul style="list-style-type: none"> ▪ security ▪ waste disposal ▪ VDU regulations 			
Any additional local information essential to the ward/department			

NB if the individual will be working within the ward/department greater than one month the full induction checklist should be completed.

Local Induction Record

Employee Details	
Name	
Designation	
Date Commenced Employment:	
Date of Trust corporate induction:	
Date Departmental Induction completed:	

I confirm I have received and I am satisfied with my local induction and orientation and this record is an accurate reflection of what was covered.

Signed:

Date:

Manager:	
Name:	
Designation:	
Department:	

I confirm that a full local induction has been undertaken in respect of the above member of staff and a copy placed in their personal file.

Signed:

Date:

Please return a copy of this record within four weeks of the first day of employment to Learning & Development department, Charles Hasting Education Centre WRH.

<mailto:wah-tr.CHEC-TrainingTeam@nhs.net>

Appendix D**LOCAL INDUCTION CHECKLIST (CONSULTANT APPOINTMENTS)**

Sections 1 and 2 to be completed by Medical Resourcing prior to commencement date. Once completed the Induction Checklist will be forwarded to Clinical Director/Clinical Lead and Directorate Manager of specialty for completion of Section 3. This checklist should be assessed within 4 weeks of commencement date to review progress by the Directorate and must be completed within 12 weeks of commencement date.

Please return to Medical HR Administrator upon completion. Upon receipt this will be placed in the Consultant's personal file and a copy forwarded to Learning and Development as evidence of completion and in accordance with the Trust Induction Policy.

1. POST HOLDER DETAILS		
Name		
Post title		
Department		
Directorate		
Date of appointment and start date if different		
Name of Clinical Director/Clinical Lead		
Name of Directorate Manager		
2. PRIOR TO COMMENCEMENT DATE		
Personal file checklist completed, including all relevant pre-employment checks	Date	
	Medical HR Administrator signature	
Date of Trust corporate induction		

3. ONCE CONSULTANT HAS COMMENCED IN POST

The list below represents examples of topic to be covered in this section. It is not exhaustive list and should be personalised according to the requirements of the organisation.

GENERAL AND MANDATORY INDUCTION REQUIREMENTS	TO BE COMPLETED BY	CD/CL/DM SIGNATURE	DATE	CONSULTANT SIGNATURE	DATE
Corporate induction attended	Day 1-2				
Orientation to the ward/department and any other areas within the organisation relevant to post.	Day 1-2				
Security Pass, Key, name badge, access codes etc.	Day 1				
Meet Communications Team for a photo for the Consultant Profile on the intranet	Week 1				
Car parking, Catering and washroom facilities	Day 1				
Introduction to key individuals within the ward/department: Divisional Medical Director, Divisional Nursing Director, Divisional Director of Operations, Directorate Manager, Consultant Colleagues, Specialty Nurses	Week 2				
Arrange a meeting with Executive Directors/ Director of Pharmacy.	Week 4				
Arrange meeting with Radiology Clinical Director/ site lead	Week 2				
Arrange a meeting with Medical Education Manager	Week 4				
Go through provisional Job Plan and set a review date	Week 1				
"On Call" and bleep arrangements.	Day 1-2				
First Aid Arrangements: <ul style="list-style-type: none"> Nominated First Aider 	Day 1-2				
Fire safety procedures and assembly points: <ul style="list-style-type: none"> fire exits <ul style="list-style-type: none"> equipment alarms emergency telephone numbers evacuation procedures 	Day 1-2				
Moving & handling procedures: <ul style="list-style-type: none"> equipment procedures lifting and handling regulations Named Manual Handling Instructor 	Day 1-2				

<p>Moving & handling procedures:</p> <ul style="list-style-type: none"> ▪ equipment ▪ procedures ▪ lifting and handling regulations ▪ Named Manual Handling Instructor 	Day 1-2				
<p>Medicines Management procedures.</p> <ul style="list-style-type: none"> ▪ pharmacy and local protocols ▪ prescription ▪ administration Procedures ▪ Medicines policy & standard operating procedures 	Day 1-2				
<p>Incident reporting procedures:</p> <ul style="list-style-type: none"> ▪ Access to Datix incident reporting system ▪ completing the forms ▪ reporting arrangements 	Day 1-2				
<p>Infection control procedures:</p> <ul style="list-style-type: none"> ▪ hand hygiene procedures ▪ Infection status of clinical setting 	Day 1-2				
<p>Health and safety procedures:</p> <ul style="list-style-type: none"> ▪ Missing in-patient guidelines ▪ Safekeeping of patients property & valuables ▪ Waste disposal – Safe operating procedures 	Day 1-2				
<p>Explanation of the key documents used within the ward/department</p> <ul style="list-style-type: none"> ▪ Care pathways ▪ Patient records ▪ Observation charts 	Week 1				
<p>Explanation of the key equipment used within the ward/department and training requirements.</p> <ul style="list-style-type: none"> ▪ Monitoring equipment ▪ Specialist equipment ▪ Decontamination ▪ Competence on equipment checked 	Week 1				

LOCATION AND USE OF KEY TRUST POLICIES	TO BE COMPLETED BY	CD/CL/DM SIGNATURE	DATE	CONSULTANT SIGNATURE	DATE
Resuscitation policy	Week 1				
Fire safety policy	Week 1				
Manual Handling policy	Week 1				
Medicines management policy	Week 1				
Incident reporting policy	Week 1				
Infection control policy	Week 1				
Health and safety policy	Week 1				
Flexible working policy	Week 1				
Dignity at Work policy	Week 1				
Leave and pay policy	Week 1				
Family leave policy	Week 1				
Disciplinary policy	Week 1				
Grievance policy	Week 1				
Sickness absence, health and wellbeing policy	Week 1				
SICKNESS/ABSENCE	TO BE COMPLETED BY	CD/CL/DM SIGNATURE	DATE	CONSULTANT SIGNATURE	DATE
Explanation of the local procedures regarding sickness and absence <ul style="list-style-type: none"> ▪ reporting ▪ return to work procedures ▪ reporting to occupational health 	Week 1				
Explain process for booking annual leave.	Week 1				
SUPERVISION	TO BE COMPLETED BY	CD/CL/DM SIGNATURE	DATE	CONSULTANT SIGNATURE	DATE
Explanation of the organisation's appraisal and review system	Week 2				
Introduction to mentor	Week 1				
Plan date for appraisal	Week 12				
TRAINING	TO BE COMPLETED BY	CD/CL/DM SIGNATURE	DATE	CONSULTANT SIGNATURE	DATE
IT Clinical System Training e.g. Oasis, Bluespier, ICE requesting, ADT	Day 1-2				

whiteboard etc.(see IT training)					
<p>Booked onto required mandatory / desirable training:</p> <ul style="list-style-type: none"> • Corporate Induction • Moving and Handling Training • Safeguarding Children at the correct level • Safeguarding Adults • Slips, Trips and Falls Training • Violence and Aggression Training • Medicines Management Training • Blood Transfusion Process Training • Resuscitation Training • Infection Prevention and Control Training including inoculation incident & hand hygiene. • Investigation of Incidents, Complaints and Claims Training • Medical Devices training 	Week 12				
<p>SPECIAL RESPONSIBILITIES <i>The list should be personalised according to the roles and responsibilities of the individual.</i></p>	TO BE COMPLETED BY	CD/CL/DM SIGNATURE	DATE	CONSULTANT SIGNATURE	DATE
<p>SPECIALIST WARD/DEPARTMENT INDUCTION INFORMATION <i>This section should be personalised according to the requirements of the specialist area.</i></p>	TO BE COMPLETED BY	CD/CL/DM SIGNATURE	DATE	CONSULTANT SIGNATURE	DATE

I confirm I have received and I am satisfied with my local induction and orientation and this record is an accurate reflection of what was covered.

Signed (Consultant)

Date

Please now forward the checklist by email to Medical HR Administrator, Kings Court, no later than **12 weeks from date of commencement**. A copy will be placed on the Consultant's personal file and a copy sent to Learning and Development.

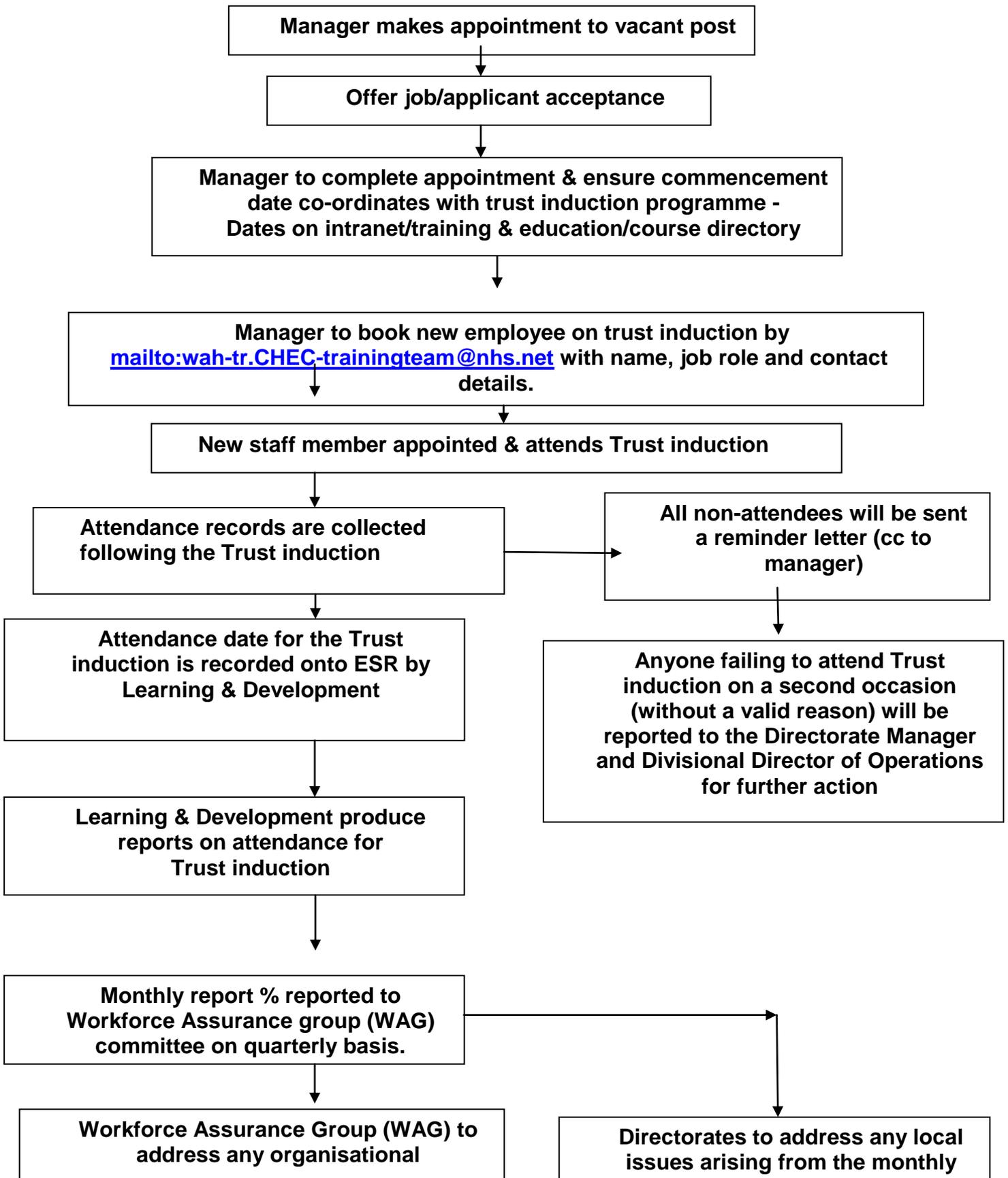
I confirm that a full local induction has been undertaken in respect of the above named Consultant.

Signed (Clinical Director/Clinical Lead/Directorate Manager)

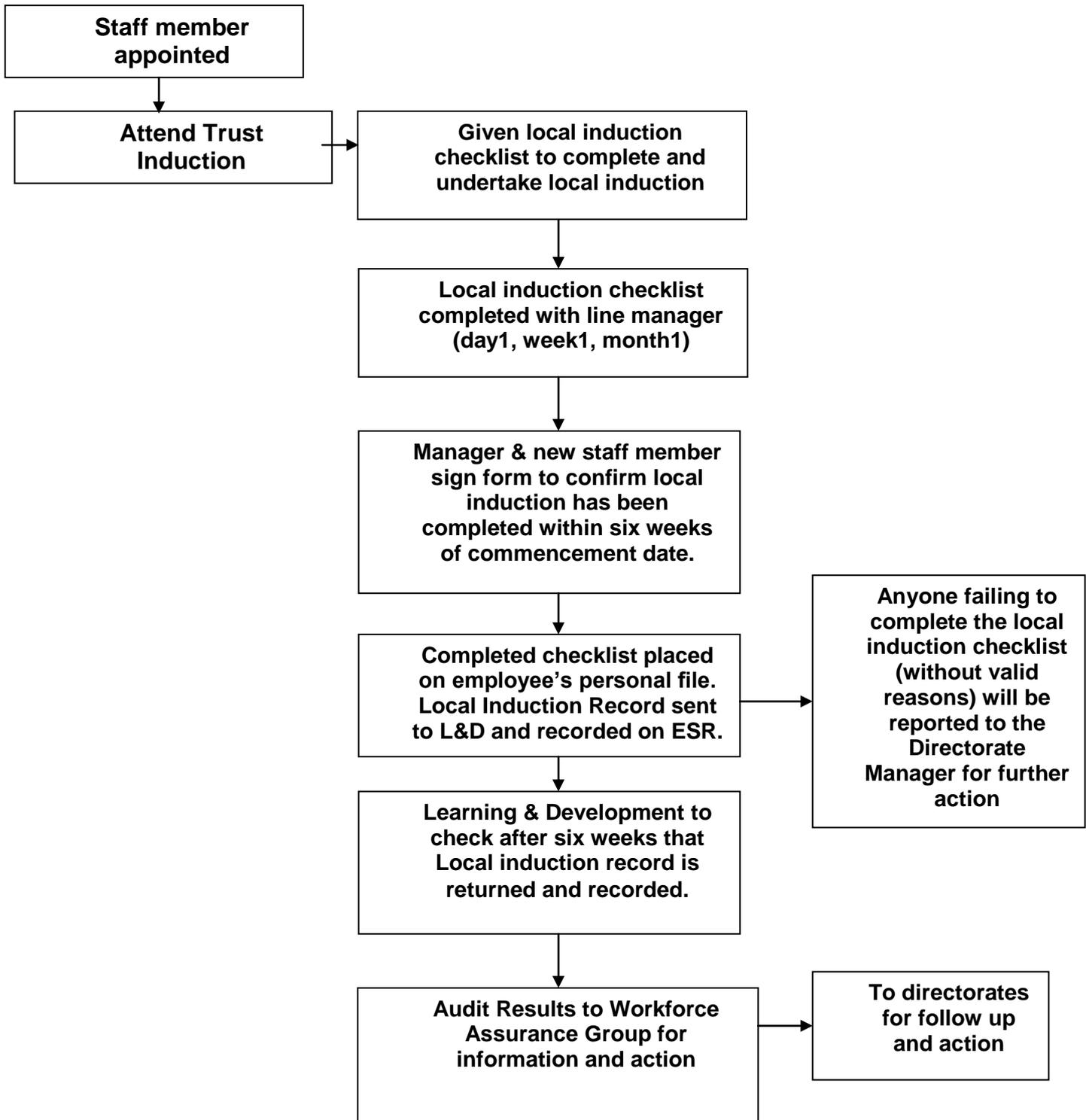
Date

Appendix E

Flowchart for Trust Induction



Flowchart for Local Induction (permanent Staff)



Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the Policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the Policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?		
6.	What alternatives are there to achieving the Policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval