Torbay and South Devon **NHS**

NHS Foundation Trust

INDUCTION POLICY AND PROCEDURE
(EXCLUDING MEDICAL AND DENTAL STAFF)
(T2)

Torbay and South Devon **NHS**

NHS Foundation Trust

Document Information

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Date of Issue:	April 2014	Next Review Date:	September 2022
Version:	V2.4	Last Review Date:	April 2017
Author:	Mandatory & Essential Training Lead Associate Director for Education		
Director(s) Responsible:		Director of Workforce and OD	
Approval /Consultation Route:		JCNC/Terms and Conditions Group / Integrated Governance Committee	
Approved By:		Date Approved:	
JCNC / Terms and Conditions		April 2017	

Amendment History

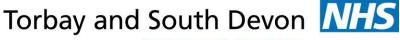| Version	Status	Date	Reason for Change	Authorised
V2	Approved	October 12	Full review. Change of logo and 2rganization name to TSDHCT	JCNC
V2.1	Approved	April 2014	Full review. Change Policy reference to (T1).Update of appendices	N/A
V2.2	Approved	Jan 2016	Change of logo and updated appendices	N/A
V2.3	Approved	April 2017	Full review	JCNC
V2.4	Approved	April 2022	Change author and extend review date for further full review	Associate Director of Education & Workforce

Contents

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If you require a copy of this policy in an alternative format (for example large print, easy read) or would like any assistance in relation to the content of this policy, please contact the Equality and Diversity team on 01803 656680

1. Policy Statement

1.1 The Trust recognises the importance of providing new employees with an effective and appropriate corporate and local induction and the part this plays in allowing staff to feel valued within their role.

1.2 The Policy applies to the employees of the organisation who are employed on 'Agenda for Change' Terms and Conditions. This includes both temporary and permanent employees.

1.3 This policy is not applicable to staff who are covered by Medical & Dental Whitley Council conditions of service for which separate provisions apply.

2. Purpose

2.1 The purpose of this policy is to comply with statutory legislation and mandatory requirements identified by national and local guidelines. For example Care Certificate Standards.

2.2 The aims of this policy are:

- To welcome new employees to the organisation and to help them understand the social and working conditions of the Trust.
- To introduce new employees to the organisational structure and their role within the Trust.
- To ensure all new employees are aware of the Trust's Values and behaviours and how their organisation relates to them as employees.
- To ensure that adequate controls are in place to ensure all staff, complete the appropriate induction.

3. Equality Impact Assessment

3.1 The Trusts are committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No employee will receive less favourable treatment on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation, or on the grounds of trade union membership.

4. Roles and Responsibilities

4.1 The Chief Executive is ultimately accountable for the implementation of this policy across the organisation.

4.2 The Director of Human Resources is responsible for ensuring that this policy complies with all necessary legal and statutory requirements, that it is kept up to date and that the relevant stakeholders are consulted.

4.3 Education and Development are responsible for:

- Providing the Trust Induction courses/ training on a monthly basis to meet the needs of the Trust,
- Keeping robust records of staff who have completed Corporate and Clinical Induction training on ESR,
- Following up where individuals do not complete Corporate and Clinical Induction training,
- Raising awareness of the importance of robust corporate, clinical and local induction programmes,
- Provide guidance to line managers on how to provide local inductions.
- Review the Corporate Induction programmes on a monthly basis to meet the needs of the Trust and other requirements, for example Care Certificate

4.4 Line Managers are responsible for ensuring:
- All new employees attend Corporate Induction training,
- All new clinical staff receive a clinical induction,
- All new employees receive a local induction suitable to their role and associated responsibilities,
- The local induction of all new employees is properly documented and a copy kept in staff's personnel files.
- That any non-attendance of induction training is investigated and appropriate action taken to ensure the individual attends the training,
- All new employees are signposted to this policy and encouraged to read it.

4.5 New Employees
- All staff must complete a Corporate Induction Programme within two months of commencing employment with the Trust,
- All staff must read the Corporate Induction Handbook,
- All staff must complete a local induction programme,
- All staff will ensure they liaise with their line managers and attend the first available Corporate Induction programme.
- All staff transferring between Acute and Community services do not need to complete a new Induction.

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4.6 Peer/ Mentor

Managers will use their discretion when selecting an appropriate member of staff to act as a mentor or peer to a new employee. This role will be a colleague working the same shift pattern as the new employee and will have been in the post for a minimum of six months with a good understanding to the department and the organisation. It is important that this individual is a good role model who consistently demonstrates positive attitudes and behaviours.

4.7 Trust Board

Corporate Induction attendance rates will be included in the Workforce reports sent to all Board meetings and Workstream 4.This will provide reassurance to the board that this policy is being implemented.

5. Explanation of Terms

5.1 Corporate Induction is a process through which a new employee is integrated into the Trust, learning about its corporate culture, policies and procedures.

5.2 Local Induction is a process through which a new employee is integrated into their team or department, learning about what the role responsibilities are about policies and procedures specific to their role, team and location.

5.3 Clinical Induction is an extended corporate induction course which covers organisation wide topics specific to clinical staff.

6. A Systematic Approach to Corporate, Clinical and Local Induction

6.1 Content of Corporate, Clinical and Local Induction Programmes

The content of the Corporate Induction Programme is detailed in **Appendix 1**.The minimum content of the clinical induction is detailed in **Appendix 2**. The minimum content of Local Inductions is detailed on **Appendix 3,4,5,6**. The content of local induction for temporary / agency workers is detailed on **Appendix 7**.

6.2 All temporary staff (bank and agency) must complete the 'Temporary Workers Local Induction Checklist'. For full details of the process please refer to **Appendix 7**

7. Booking Process for Corporate Induction

7.1 As soon as the manager has received confirmation of employment they must contact the Education and Development department and book the new employee on the next available course. This is done by either, visiting the Horizons centre, phoning or emailing a completed internal booking form which can be found on the intranet ICON. Forms must be completed and emailed to training.southdevon@nhs.net. A confirmation of the booking will be sent from the Education and Development department to the line manager and the individual.

8. Recording Completion for Corporate and Local Induction

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8.1 Corporate induction should ideally be completed within one month from the date employment commences. However it is recognised that this is not always practical, however all employees must attend corporate induction within two months of their start date. Local induction is likely to be staggered over a period of time; however it must be completed within the first two months of employment.

8.2 Attendance at corporate induction is recorded by the Education and Development (E&D) department who facilitate this day. Attendees must sign an attendance register and these details are then uploaded to ESR (Electronic Staff Records). Education and Development will then issue certificates to attendees.

8.3 Completion of local induction is recorded by the use of checklists (**Appendix 3, 4, 5 & 6).** Each of these checklists should be completed and stored in the employees local files.

8.4 Managers are expected to ensure that new employees complete corporate and local inductions within the required timescales.

9. Non-attendance at Corporate and Local Induction

9.1 Education and Development monitor attendance at corporate induction to ensure that all new employees attend. A flow chart describing this process can be found in **Appendix 8.** Reports are sent to line managers on a quarterly basis of staff who have outstanding mandatory training; this includes corporate induction (more information on this can be found in the Core Training Policy T1). A non-attendance letter is sent to staff, **Appendix 9.**

9.2 Senior Managers are expected to carry out random checks on employees local personnel files, to ensure that relevant managers are carrying out their required duties. This includes ensuring that local induction has been completed and recorded in accordance with this policy. If local induction has not been completed this should be addressed with the line manager and individual

9.3 If there is evidence of persistent non-attendance of corporate induction or completion of local induction Education and Development will write to the individual and their line manager, **Appendix 10**.

10. Monitoring, Audit and Review Procedures

10.1 Education and Development are responsible for monitoring this document to ensure that it meets NHSLA Risk Management Standards and complies with any and all relevant legislation and standards. The policy should be reviewed every two years or following a significant organisational change.

10.2 The Head of Education and the Induction / Mandatory Training Lead will monitor the compliance with the policy by reviewing individual ward/ unit compliance figures and meeting with workplace leads.

10.3 HR report the compliance figures on a quarterly basis to Integrated Governance Committee and the Board.

10.4 Areas/departments that are none compliant are required to draw up an action plan to achieve compliance. The action plan will be monitored by Education and Development.

11. References

11.1 Department of Health (2004) Introduction to Today's NHS: NHS Corporate Induction Programme

11.2 NHS Employers (2008) Staff Induction Packs

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Appendix 1

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PART ONE

Timings	Topic	Team	Care Certificate Standard
8.45am to 9.00am	Registration	Education and Development	
9.00am	Welcome and introductions	Education and Development	
9.10am	Welcome to the Trust	Chief Executive / Board Member	1.2b,c / 5.1a,c
9.30am	Finance Overview	Finance Team	
9.45am	Dementia Awareness	Vocational Education Lead Social Care and Dementia	3.2.b,c / 5.1b
10.00am	Peoples Experience	Experience and Engagement	3.3
9.15am	Introduction to the Care Certificate	Care Certificate Team	1.1b/1.2c/1.3
10.20am	BREAK / Market Stalls Unions Library Fraud Specialist Carers		
10.45am	Mental Capacity Act and Deprivation of Liberty Standards	Safeguarding Adults Team	9.6 / 10
11.10am	Safeguarding Adults Level One	Safeguarding and MCA lead / Education Facilitator	3.1a,b /3.2a /10
11.35am	BREAK		
11.40am	Safeguarding Children Level 1	Education and Development	3.1a,b/3.2a/11
11.45am	Governance and Patient Safety	Clinical Patient Safety Officer	1.2f / 3.4a,b
12.15pm	Information Governance	Information Governance Team	1.1 /6.4 /7.2c/ 13.8b/14
12.45pm	Evaluations		
12.45pm to 1.05 pm	Employment Plus New Starters information	Employment Plus Representative	

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PART TWO

Timings	Topic	Team	Care Certificate Standards
9.00am to 11.30am	Conflict Resolution Freedom to Speak up Guardians (10 mins)	Local Security Management Specialist	1.2e / 1.3c/3.2b,c / 3.5 / 4.3c 5.4a /6.1/ 6.2/6.3 / 10.1F 13.8 13.9
11.30am to 12.10pm	Security Awareness (including Prevent Awareness and Fraud)	Education and Development	13.8
12.10pm to 12.30pm	Equality and Diversity	Buzz Film	1.2a,c/1.3a/3.1a,b/3.2a,c 4/5
12.30pm to 1.00pm	LUNCH		
1.00pm to 1.10pm	Schwartz Rounds	Schwartz team	
1.10pm to 1.30pm	Fire	Fire Manager	13.7
1.30pm to 2.15pm	Infection Control	Infection Control Team	15
2.15pm to 2.30pm	BREAK		
2.30pm to 2.45pm	Research	Research Team	
2.45pm to 3.15pm	Health and Safety	Health and Safety Manager	3.4 / 13.1 13.2 13.4 13.6 13.9
NON CLINICAL			
3.15pm to 4.15pm	Moving and Handling Non Patient	Moving and Handling Team	13.3
CLINICAL (if required)			
3.15pm to 5.00pm	Blood Matters	Phlebotomy Manager	

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PART THREE

Timings	Topic	Team	Care Certificate Standards
9.00am to 10.30am	Adult Basic Life Support	Resuscitation Team	12
10.30am to 10.50am	BREAK		
10.50am to 11.20am	Falls	Lead Falls Nurse	
11.20am to 4.00pm	Moving and Handling Of Patients	Moving and Handling Team	3.4c 5.1c 7.1b,c 13.3a,b

The Care Certificate standards are:

1. Understand Your Role
2. Your Personal Development
3. Duty of Care
4. Equality and Diversity
5. Work in a Person Centred Way
6. Communication
7. Privacy and Dignity
8. Fluids and Nutrition
9. Mental Health, Dementia and Learning Disabilities
10. Safeguarding Adults
11. Safeguarding Children
12. Basic Life Support
13. Health and Safety
14. Handling Information
15. Infection Prevention and Control

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Appendix 2

Clinical Induction Programme-Day 1

Time	Session	Run by:	Mapped to Care Certificate
0830hrs	Introduction & Housekeeping	Co-ordinator	
0835hrs	Customer Care Covers Duty of Care, Communication	Cheryl Bloxidge	
0905hrs	Pressure Ulcers	Pressure Ulcer Team	
0930hrs	Nutrition Screening (MUST)	Nutrition Team	
1015hrs	**Break**		
1030hrs	Infection Control	Infection Control Team	15
1130hrs	Safeguarding Adults / Mental Capacity Act (Level 2) Dementia	Louise Stevens Tanya Drew	9.6 / 10 3.1a,b /3.2a /10
1315hrs	**Lunch** After Lunch - group split between HCAs/Reg Staff		
1345hrs	• HCAs - Introduction to Medical Equipment • Reg Staff - Assessing the Sick Patient and SBAR Covers Communication, Duty of Care	Critical Care Team Mike Knight Rachel Nolan	
1445hrs	Reg Staff - Inpatient Pain Service	Pain Team	
1500hrs	**End - Reg Staff**		
1445hrs	**Break - HCAs**		
1450hrs	• HCAs - Oxygen Safety Covers Health and safety Introduction to Vital Signs Monitoring and NEWS	Mike Knight Rachel Nolan	
1630hrs	**End - HCAs**		

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Clinical Induction Programme - Day 2
(*Unregistered Nurses*)

Time	Session	Run by:	Mapped to Care Certificate standard
0900hrs	**Covers most themes of the Care Certificate** · Reflection on Day 1 Q&A · Introduction to Vital Signs & NEWS (Cont) Covers Duty of Care, Person Centered Care, Privacy and Dignity, Communication and Equality and Diversity · Human Factors Covers Communication, · Introduction to Vitalpac/allocation of VitalPAC Pin Nos	Mike Knight Rachel Nolan	
1030hrs	**Break**		
1045hrs	Practical Session	Mike Knight Rachel Nolan	
1200hrs	Library Induction		
1230hrs	**Lunch**		
1300hrs	· Fluid Balance · HCAs - What is expected of the role/handover sheets Covers The role of the HCA, Personal Development, Person Centered care, Duty of care · VTE- Handout	Rachel Nolan	
1430hrs	Sepsis Awareness	Tina Mitchell	
1500hrs	**End**		

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Clinical Induction Programme - Day 2
(*Registered Nurses and ODP's*)

Time	Session	Run by:
0900hrs	**Clinical Calculation Test** For those who have already achieved 100%, please give a copy of your results to the co-ordinator on Day 1. You will then be required to attend at 10.00am on Day 2.	Co-ordinator
1000hrs	Venus Thromboembolism (VTE)	Liz Moore
1045hrs	**Break**	
1100hrs	Drug Administration	Pharmacy Team
1215hrs	**Lunch**	
1300hrs	Medical Devices	Mike Knight
1500hrs	Sepsis Awareness	Tina Mitchell
1530hrs	Library	
1600hrs	**End**	

The Care Certificate standards are:

1. Understand Your Role
2. Your Personal Development
3. Duty of Care
4. Equality and Diversity
5. Work in a Person Centred Way
6. Communication
7. Privacy and Dignity
8. Fluids and Nutrition
9. Mental Health, Dementia and Learning Disabilities
10. Safeguarding Adults
11. Safeguarding Children
12. Basic Life Support
13. Health and Safety
14. Handling Information
15. Infection Prevention and Control

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Appendix 3

Local Induction

 Manager / Department Head Induction Checklist

Name of Employee: ……………………… Start of employment date …………………

Name of Manager/Department Head………………………………………………………….

All external candidates who are new to the Trusts will attend the Corporate Induction Day, which is held on the first Monday of the month at the Horizon Centre during their first week of employment. As a general rule this should be on their first day of employment.

Every Manger/Department Head will be required to have an induction system relevant to the local workplace, but at a minimum this must contain the following:-

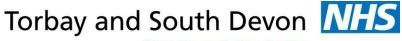|	COMPLETED	N/A
1. Welcome to and tour of the Department		
2. Completion of appointment form		
3. Occupational Health Screening		
4. Check professional qualification		
(e.g. NMC Registration)		
5. Attended Corporate Induction		
6. Arrange access to relevant IT systems		
7. Explanation/training in the use of equipment		
Identify any equipment for which the operator is		
required to have specialist training and arrange for		
appropriate training to take place.		
8. Check driving licence and car insurance details if		
employee will at any time be required to use their		
car on Trusts business and take a copy for personal file.		
9. All employees who work in clinical areas, or make		
entries into patient notes e.g. Medical staff, Nurses,		
Midwives, Health Visitors and Paramedics are required		
to produce a specimen signature and initials alongside		
their printed name. Ensure that this has been done		
and the proforma forwarded to Manpower Planning Dept.		
10. Annual leave entitlement		
11. Uniform Policy, Dress Code, ID badge		
12. Introduction to appraisal process and KSF (in full)		
13. Complete Health and Safety checklist.		
Explanation of Health and Safety issues and		
Preventable measures.		
14. Procedure for reporting Accidents/Incidents		
✓ Completing forms and accident book		
✓ The importance of accurate information capture		

15. Read and understand instructions in the event of fire and operation of fire alarms		
✓ Procedure for evacuation in the event of a fire		
✓ Meeting place when the building is evacuated		

Employee's Signature… …………………………………. Date……………………………

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Appendix 4

Peer Induction Checklist

Name of Employee ……………………………. Date of Commencement ………………

Name of Peer……………………………………………………………………….......

	(Please Tick)	**Completed**	**N/A**

1. Tour of departments/hospital.

2. Catering/Social facilities/Library Services.

3. Staff meetings.

4. Local Health & Safety issues and preventable measures.

5. Local fire alarms and assembly point.

6. Additional items at local level.

    —————————————

    —————————————

    —————————————

Employee's Signature …………………………… …. Date ………………………

Peer's Signature …………………………………………………………………………

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Appendix 5

Manager Induction Checklist

Name of Employee……..…………………. Date of commencement…………….

Name of Manager ……………………………………………………………………….

Within Month One (Please Tick)	Completed	N/A
1. Department aims and objectives		
2. Structure of Department		
3. Organisation Policies/Procedures		
4. Meeting to agree and discuss foundation gateway requirements, if relevant		
5. Sickness/absence reporting, Bradford Factor		
6. Communication channels/team briefs		
7. Staff Newsletter/Local Information		
8. The duty of confidentiality		
9. Freedom of Information responsibilities		
10. Identification of local Complaints Co-ordinator		
11. Identification of Local Involvement Forums (LINKS) Lead		
12. Clinical Risk Management/Incident Reporting – local education and training if appropriate		
13. Complaints Procedure		
14. Specialist training on equipment has been completed		
15. Explanation of Health and Safety issues and preventable		

Measures.

Employee's signature ……………………………………. Date ……………………...

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Appendix 6

Health and Safety Checklist

HEALTH & SAFETY MANAGEMENT	YES	NO	N/A
Have you been advised on the content of the Trusts' Health & Safety Policy, and are you aware who is responsible for the management of Health & Safety in your workplace?			
Do you know where you can find the Health & Safety policies?			
Have you been informed of who the health and safety representatives are, and how to contact them?			
ACCIDENTS / INCIDENTS			
Have you been informed of the procedures for serious and imminent danger?			
Have you been informed of the procedures which should be followed after an accident/incident has (or could have) occurred to: You? A member of the public? A patient? The Trust?			
Do you know how to report an accident/incident and have you been informed when to complete them, including what timescales are involved?			
Are you aware of whom the qualified First Aiders are in your work area, and where the facilities are located?			
RISK ASSESSMENTS			
Have you been informed of the risks which have been identified in your workplace, how they are managed, and where the risk assessments are kept for reference?			
Are you aware that you have duty under the Health & Safety Act (1974) to protect yourself and others from the risks identified?			
FIRE			
Have you been informed of what to do when you hear a continuous, or an intermittent ringing of the fire bell?			
Are you aware of the procedure you need to follow if you discover a fire or smell smoke?			
Do you know where the nearest fire exit(s), break glass point, fire extinguishers and the Assembly point are located?			
Are you aware that you have a duty to keep fire escape routes clear and to ensure that you do not increase the risk of fire by your actions at work?			
PERSONAL PROTECTIVE EQUIPMENT (PPE)			
Have you been informed that protective clothing or equipment is required for certain tasks; and have you been issued with the equipment/clothing or informed as to where it is kept?			

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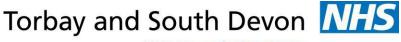|			
Have you been shown how to wear/operate the protective clothing/equipment? Where necessary is the size a good fit?			
Is there a suitable area allocated for safe storage of the clothing/equipment when not in use, which prevents contamination?			
Have you been informed of how to report defects?			
CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH (COSHH)			
Are you likely to encounter any hazardous substances within the workplace?			
If yes, have you been informed of their hazardous nature and where to access the risk assessments, which will identify the measures to be taken to protect you from the risks (safety or hazard data sheets)?			
Have you been informed of the emergency procedures for the substances? If spill kits are required, are you aware of where to obtain them?			
Are there specific disposal instructions relating to the substances used? Are you aware of where the disposal containers are located (where necessary)?			
Have you been informed that health surveillance is required due to the use of the substance(s) and are you aware of the reasons for this?			
Have you received suitable information, instruction and training for the risks involved when using the substance(s)?			
WELFARE FACILITIES			
Have you been shown where the sanitary conveniences, washing and drinking water facilities, and the location of the rest/meal facilities are?			
Is there an allocated area for changing/leaving your clothing (where applicable)?			
DISPLAY SCREEN EQUIPMENT			
Are you classified as a display screen user?			
Has a workstation risk assessment been carried out and do you have a copy?			
MANUAL HANDLING			
Does your work involve manual handling? (lifting; twisting; pushing; pulling, etc.)			
If yes, has a manual handling risk assessment been carried out, and have you been informed where the risk assessment is kept, and the measures put in place to protect you against injury?			
Have you received training, information and instruction in manual handling and the safe use of any identified equipment?			
WORK EQUIPMENT			
If you will be using work equipment in your workplace, do you require specific training in the safe use of the equipment, and have you received this training?			
Are you aware of the risks associated with the equipment and the preventative measures required to control the risks?			
Have you been informed of the emergency procedures for the equipment?			

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Are there any regular checks required to be carried out on the equipment, which you will be required to do, and have you received instruction/training to enable you to carry out the necessary checks?			
Are you aware of the procedures for recording any inspections, checks or examinations carried out on the equipment, including the defect reporting procedures?			
CLINICAL WASTE			
Are you likely to come into contact, or have to dispose of clinical waste within your working environment?			
If yes, have you been informed the procedures concerning clinical waste and the risks associated with it, and have you been trained with regard to the clinical waste system?			
ELECTRICITY			
Have you been informed of the checks that should be carried out before any equipment is used?			
Have you been informed of the correct power supply for the equipment?			
Have you been informed of the defect reporting procedures?			
Do you require any specific training for the electrical appliances and have you received this training or have you been entered for the training?			
Are you aware of the limitations of the appliances?			
Have you been informed of any areas, which may affect the appliance with reference to, it's safe operation i.e. wet conditions?			
PERSONAL SAFETY			
During your employment are you likely to have to visit patients in their own homes or working with members of the public??			
Will you be required to work alone?			
If the answer to any of the above questions is yes, have you been informed of the Trusts' Violence and Aggression Guidelines?			
Are you aware of the incident reporting procedure, which should be followed if you have been subjected to violent, aggressive or threatening behaviour (incl verbal)?			
Have you been issued with any PPE, such as a personal attack alarm or mobile phone?			
Are there measures which have been adopted in your workplace to protect staff from violence and aggression at work i.e. using a signing in/out board, telephoning an officer at the end of the final appointment, and gathering information before a visit?			

Manager's signature ………..……………………………… Date …………..………

Employees signature ……………………………………… Date …………..………

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APPENDIX 7

LOCAL INDUCTION FOR TEMPORARY WORKERS

1. INTRODUCTION

Induction is an important process for supporting staff when new to the Trust.

The local induction provided to a temporary worker is intended to enable the worker to integrate quickly into the team and enable them to have an understanding of how to do their job. It should provide an introduction to the working environment and must as a priority cover any job specific requirements and pay attention to the health and safety of the worker.

The induction process may incorporate trust-wide information but must also be delivered at a local level to ensure that the worker has the relevant information to practice safely, within the confines of their role and ensure high standards of patient care.

The Trust is committed to ensuring that all new temporary workers (bank and agency) are provided with a robust induction programme to enable them to feel welcome and to ensure they become effective in their roles within the Trust.

2. PURPOSE

This document has been produced to assist staff in all departments where temporary workers are employed to ensure that they receive clear, defined information on the work area and the essential processes expected of them to minimise the risk of harm to themselves, other staff, patients and visitors.

3. DEFINITIONS

Temporary - Temporary workers are individuals supplied by the Bank or locum/staffing agency for the temporary use by the organisation.

Agency – Agency Workers are persons who do not hold a substantive or fixed term contract with the Trust; examples include Agency Nurses, Agency Allied Health Professionals and Agency Admin and Clerical staff.

Local Induction – The orientation of workers to a new environment. The Local Induction Checklist covers the minimum topics that the Trust sees as necessary to cover with new starters. However this is only a minimum guide and therefore may be edited to include more local ward / department information as necessary.

4. RESPONSIBILITIES

Temporary Worker is responsible for:

- Requesting and completing their induction.
- Ensuring the induction checklist is completed and a copy retained for their personal records for each area worked.

Department Staff are responsible for:

- Completing the local induction process and checklist with the temporary worker.
- Reporting non-completion of induction check lists to Ward/Departmental Manager/Head of Service.

Ward/Departmental Manager(s)/Head of Service are responsible for:

- Ensuring all temporary workers receive the appropriate level of induction on commencement of work.
- Ensuring all staff receive instruction on how to complete the induction process.
- Ensuring a competent staff member is available to deliver the induction.
- Retaining copies of all local induction checklists for audit purposes.
- Reporting non-completion of induction check lists to Temporary Staffing Department.
- Completing the Local Induction (Agency/Bank Workers) Compliance Report (Appendix B) and sending to Temporary Staffing on a monthly basis.

Lead Clinicians, Matrons and Heads of Department are responsible for:

- Ensuring induction process is performed within their departments/by their lead staff.
- Identifying non-compliance with process within the policy and then follow up with identified managers.

Temporary Staffing Manager is responsible for:

- Providing details of temporary staff used within the Trust.
- Receiving information on non-compliance.
- Undertaking regular audits to monitor compliance of areas.
- Reviewing compliance with individual temporary workers.
- Providing individual data on a quarterly basis to Lead Directors e.g. Medical Director; Chief Nurse and Divisional General Managers, for action.
- Providing data to Workstream 4 of compliance with the induction process on a six monthly basis.

Workstream 4 is responsible for:

- On a six monthly basis, reviewing data and action plans resulting from non-compliance to the process.

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- The annual review of the local induction process for temporary workers within the Trust.

Source Agency is responsible for:

- The provision of staff as per contracted agreement.
- Ensuring temporary workers provided understand the importance of the local induction process and of their responsibilities in receiving local induction.

5.   MINIMUM CONTENT OF LOCAL INDUCTION PROGRAMME/CHECKLIST

The minimum content of the local induction programme is set out in Appendix A.

Each area must record any additional items covered at induction within the checklist.

6.   LOCAL INDUCTION PROCESS

A local induction must be completed if the worker is new to the area or a local induction has not been completed for the worker in the area within the previous six months.

- Managers are able to access an up to date list of staff booked for their department via R-Reporter. For those areas who do not have access to R-Reporter an up to date list of workers will be emailed to the appropriate manager by the Temporary Staffing Department.

- In exceptional cases were temporary workers are booked direct, Temporary Staffing Department must be notified within 24 hours of booking, either through Rosterpro, where available, or email.

- The induction checklist at Appendix A must be completed at the start of the work 'shift'. This checklist must be signed by the temporary worker and by the identified member of department staff.

- A copy of the completed checklist should be held by the ward/department where the shift has been worked and the original retained by the worker.

- The Ward/Unit/Department Manager must complete the Local Induction (Agency/Bank Workers) Compliance report (Appendix B) and send to Temporary Staffing on a monthly basis for monitoring purposes. If local induction is not completed on this report Temporary Staffing will advise the line manager of their responsibilities in accordance with this policy and procedure. Failure to comply with this will result in escalation to a more senior manager until local induction is consistently delivered.

- The Temporary Staffing Department will provide individual data on a quarterly basis to Lead Directors e.g. Medical Director; Chief Nurse and Divisional General Managers, for action if areas of non-compliance.

- The Temporary Staffing Manager will provide a six monthly report to Workstream 4 for review and to demonstrate compliance to the process.

7. PROCESS FOR THE FOLLOW UP OF TEMPORARY STAFF WHO DO NOT COMPLETE LOCAL INDUCTION

- The responsible manager for the area must investigate why the local induction has not taken place, put in place a process to record the outcome of the investigation and develop action plan to ensure the local induction policy is fully implemented. The outcome and action plan should be shared with the Temporary Staffing Department.

- If any trends of non-compliance are identified for specific areas, Temporary Staffing will inform the lead clinician/matron/head of department who will be responsible for addressing this issue.

- If the issue is with a specific bank/agency worker, Temporary Staffing will be responsible for addressing the issue.

8. TRAINING

Training on the induction process is provided as per the Training Needs Analysis.

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LOCAL INDUCTION CHECK LIST FOR TEMPORARY WORKERS

Please add any role/department specific items.

Ward/Department to retain the completed original document

Bank Worker should retain a photocopy for own records

NAME OF WORKER:		WORKING DEPARTMENT:	
NAME OF AGENCY: (If applicable)		ROLE:	

DATE:		START TIME:		FINISH TIME:	

GENERAL							
	YES	NO	N/A		YES	NO	N/A
ID badge				Incident reporting procedures			
Awareness of Uniform policy				Moving & Manual Handling			
Emergency contact phone numbers (Area specific)				COSHH			
Treatment Escalation Plans (TEPs)				Specific duties: *(Please list)* *Eg: specific area of work allocated; nurse in charge*			
Nurses Contacting Medical Teams (e.g. Bleeps)							
Awareness of Infection control procedures							
Medicines safety procedures *including access to codes/swipe cards/keys*							

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Continued overleaf

DEPARTMENT/WARD							
	YES	**NO**	**N/A**		**YES**	**NO**	**N/A**
Cloakroom, toilets and facilities				Department specific equipment *(Please list)*			
Fire exits and extinguishers							
Resuscitation equipment and procedures							
Oxygen and suction *including location of isolation switch and/or cylinders*							

DISCLOSURE OF INFORMATION & CONFIDENTIALITY STATEMENT		
I understand the duties and responsibilities I hold in respect of client, colleagues and Trust confidentiality. I agree to follow the Trust's procedures with regard to data protection and confidentiality. I am aware that these policies are available through the Trust's intranet site or from the manager.		
Signature of Worker:		Date and Time:
Name in Print:		
Signature of Person Providing Induction:		Date and Time:
Name in Print:		

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Ward/Department to retain the completed original document
Bank Worker should retain a photocopy for own records
Local induction compliance report – Agency/Bank Workers
It is an NHSLA requirement to monitor completion of local inductions for Bank and Agency Staff. This document needs to be completed and returned to Temporary Staffing on the 1st day of each month, detailing the bank and agency workers that have worked in your department during the previous month. A copy of this document needs to be retained on the department with copies of the completed Local Induction Checklist.

Month ending:		Department:		Completed by:	

Name of worker	Name of Agency or Bank	Dates worked	Local Induction Checklist Completed (Yes/No)	Confirmation Signature

Authorised Signatory: I confirm that the above details are correct at the time of completing the report.

Name: **Signature:**   **Job Title:**   **Date:**

Return to the Temporary Staffing Department on the 1st day of each month for monitoring purposes

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Appendix 8

Non Attendance Process

```
┌─────────────────────────────────────────────────┐
│ Training Requirement identified by line manager  │
│ in accordance to the Training Needs Analysis or  │
│ prompted by quarterly report sent to managers.   │
└─────────────────────────────────────────────────┘

┌──────────────────┐                 ┌──────────────────┐
│  Training booked │ ←──────────────→│ Training not      │
│                  │                 │ booked or expired.│
└──────────────────┘                 └──────────────────┘

┌─────────────┐   ┌──────────────┐   ┌──────────────────┐
│             │   │  on the day  │   │ Where possible,  │
│             │   │              │   │ letter sent to   │
└─────────────┘   └──────────────┘   │ the individual's │
                                     │ home informing   │
┌─────────────┐   ┌──────────────┐   │ them of non-     │
│ ESR (once   │   │ notification │   │ compliance and   │
│ register    │   │ is sent to   │   │ future available │
│ received)   │   │ the          │   │ dates .          │
│ and         │   │ individual   │   └──────────────────┘
│ individual's│   │ prompting    │
│ records     │   │ them to      │   ┌──────────────────┐
│ updated.    │   │ re-book.     │   │ after a month.   │
└─────────────┘   └──────────────┘   │ If training      │
                                     │ remains          │
                                     │ unattended a     │
                                     │ further letter   │
                                     │ sent to the      │
                                     │ individual's     │
                                     │ home and line    │
                                     │ manager.         │
                                     └──────────────────┘

                                     ┌──────────────────┐
                                     │ information will  │
                                     │ be compiled and   │
                                     │ escalated to the  │
                                     │ Associate Director│
                                     │ of               │
                                     └──────────────────┘
```

August 2012

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Appendix 9

Non-Attendance at Corporate Induction

South Devon Health Services
Horizon centre
Torbay Hospital
Lawes Bridge
Torquay
TQ2 7AA

Date as postmark

Dear ,

Ref:

It has come to our attention that, since having commenced employment with **NAME OF TRUST**, you have not attended a corporate induction.

Trust policy states that all staff must attend a Corporate Induction so we therefore ask that you attend the next possible induction for which dates are listed below.

NHS Induction

LIST DATES HERE

Please note that all NHS Induction training will be delivered in the Horizon Centre on the Torbay Hospital site.

To book onto one of the above dates please phone the Horizon Centre on **01803 656600**, or, alternatively, send an email to **training.southdevon@nhs.net**.
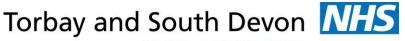
We look forward to hearing from you.

With best wishes

**Education & Development
Horizon Centre
Torbay Hospital**

Tel: 01803 656600

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Appendix 10

Persistent Non-Attendance at Corporate Induction

South Devon Health Services
Horizon Centre
Torbay Hospital
Lawes Bridge
Torquay TQ2 7AA

Date as postmark

«AddressBlock»

«GreetingLine»

Ref: Persistent Non-Attendance at Corporate Induction

Further to recent correspondence highlighting your non-attendance on the above training, it has been noted that you are yet to book onto an appropriate course.

Trust policy states that all staff must attend a Corporate Induction. Consequently, non-attendance is being taken very seriously and may result in a formal course of action or you being prohibited from working any further shifts until the training has been completed.

It is your personal responsibility to book and complete the training that your role requires therefore please find available course dates below and book onto the training as a matter of urgency.

NHS Induction

LIST DATES

Corporate Inductions are held at the Horizon Centre on the Torbay Hospital site.

To book onto one of the above dates please phone the Horizon Centre on **01803 656600**, or, alternatively, send an email to **training.southdevon@nhs.net**.

With best wishes

Education & Development
Horizon Centre
Torbay Hospital
Tel: 01803 656600

Cc: «Budget_Holder»
         Human Resources