

## CORPORATE AND LOCAL INDUCTION POLICY

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## DOCUMENT CONTROL

<b>Reference Number</b> PSW/Aug/12/CLIP	<b>Version</b> 5	<b>Status</b> Final	<b>Author</b> Learning & Development Operational Lead
<b>Amendments</b>	Revised in line with NHSLA Risk Management Standards and amended to reflect the acquisition of Somerset Community Health and changes to the Trusts governance structure.		
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<b>Contact for review</b>	Learning & Development Operational Lead		
<b>Lead Director</b>	Director of Human Resources and Workforce Development		

## CONTRIBUTION LIST Key individuals involved in developing the document

Name	Designation or Group
Romy Stanton	Learning and Development Operational Lead
Jess Henry	Head of Learning and Development
Jean Glanville	Claims & Litigation Manager/RMS Project Lead
All Group Members	Workforce Governance Group
All Group Members	Joint Human Resource Policy Review Group
All Group Members	Regulation Governance Group
All Group Members	Senior Managers Operational Group
Andrew Sinclair	Head of Corporate Business

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## 1. INTRODUCTION

- 1.1 The Trust recognises that its' staff are its most valuable resource and is committed to ensuring that all staff receive an appropriate Corporate and Local Induction upon joining the Trust.
- 1.2 The Learning and Development Team will work with Human Resources staff in order to ensure that all appointing managers and new employees adhere to the policy.

## 2. PURPOSE & SCOPE

- 2.1 The purpose of the document is to ensure that all appointing managers understand the procedures and their responsibilities in ensuring all new employees attend corporate induction and receive a timely and appropriate local induction. The document will also ensure that all employed staff understand their responsibility in attending and participating in corporate induction and completing their local induction in accordance with the checklist (Appendix A).

## 3. DUTIES AND RESPONSIBILITIES

- 3.1 The **Director of Human Resources and Organisational Development** will oversee the monitoring and implementation of this policy to ensure that it is applied throughout the Trust.
- 3.2 The **Workforce Governance Group** will develop minimum standards in relation to the content of the corporate/local induction programmes in consultation with the Director of Human Resources and Workforce Development. The Group will monitor compliance with this policy and escalate areas of concern to the Regulation Governance Group.
- 3.3 The **Human Resources Department** (HR) will ensure that the learning and development team are advised of the details of all new recruits.
- 3.4 The **Learning and Development Team** will coordinate and facilitate the corporate induction programme, following-up non-attendance with Managers and Directors. They will also ensure that all new recruits are booked to attend corporate induction as part of the recruitment process, ensuring that the line manager and new employee are notified accordingly. The Learning & Development department will also maintain and monitor a schedule to identify individuals who do not return the local induction checklist within four weeks of commencing employment.
- 3.5 The **Learning and Development Operational Lead** is the author of this policy and will ensure that it is reviewed every three years, in line with revised NHSLA RMS minimum requirements.
- 3.6 **Line Managers** are responsible for ensuring that new staff are released to attend the corporate induction programme and that the local induction checklist is completed and returned to the Learning & Development Department.
- 3.7 **All staff**, regardless of grade, role or status, permanent, temporary with a fixed term contract, full or part-time, locums and bank staff must attend corporate induction, take part in their local induction and complete the checklist.

#### **4. EXPLANATIONS OF TERMS USED**

- 4.1 **Corporate Induction** – the formal programme of introducing new staff to the Trust
- 4.2 **Local Induction** – introduction and familiarisation for new staff at the site of employment/work base.
- 4.3 **Staff Groups** – as identified in the Mandatory Training Matrix (eg, clinical, professional and non-clinical)

#### **5. NEW STAFF INDUCTION**

##### **5.1 Induction Procedure**

- 5.1.1 The HR Department will undertake pre-employment procedures and advise the Learning & Development Department of all new recruits who will then book all new employees onto corporate induction. New staff are informed of their Induction dates by a welcome email sent to their personal email address. Learning and Development will remind staff of the requirement to attend via a reminder email prior to the dates.
- 5.1.2 All new employees have a responsibility to attend corporate induction, complete their local induction and complete and return the local induction checklist.
- 5.1.3 Line Managers will ensure that all new staff are released to attend corporate induction, that they work with new staff to complete their local induction and complete and return the local induction checklist (section 5.3 below).
- 5.1.4 All new medical staff will attend an Induction event and will attend additional local induction programmes. Medical staff are also required to complete and return the local induction checklist.
- 5.1.5 The Learning and Development Team will work with the Clinical Tutor/Medical Director to ensure that all new medical trainees attend an induction programme within one week of joining the Trust. The minimum standard for the content of these programme(s) is set out by the Clinical Tutor/Medical Director.
- 5.1.6 Induction requirements for temporary/locum medical staff are defined in the Bank, Agency and Locum Policy.

##### **5.2 Corporate Induction**

- 5.2.1 Attendees at corporate induction will be required to sign an attendance sheet and attendance will be recorded on the Learning and Development System by the Learning and Development Team once the programme has been completed.
- 5.2.2 If an employee fails to attend the corporate induction programme they have been booked onto, their Line Manager will be informed of the failure to attend by automatic email from Learning Zone. These communications may be copied to the Director of Human Resources and Organisational Development for further action.
- 5.2.3 Staff will not be permitted to undertake desirable training until all the required elements of induction have been completed.
- 5.2.4 The content of the corporate induction programme will be evaluated and reviewed by the Workforce Governance Group and as a minimum will contain the following:
  - Introduction by the Chairman
  - Trust Values

- Operational Services
- Customer Care
- The patient and carer experience
- The NHS Constitution

5.2.5 New employees should attend corporate induction within 3 months of starting employment with the Trust.

### 5.3 Local Induction

5.3.1 When a provisional start date is arranged, the HR Department will send an email to the line manager of the new member of staff with the local induction checklist attached.

5.3.2 The minimum content of the Trust's Local Induction is completion of the Local Induction checklist (Appendix A), which should be completed within four weeks of the new member of staff's start date with the Trust. This checklist is not exhaustive in content and staff should be made aware of all relevant policies on the internet/intranet.

5.3.3 The local induction checklist (Appendix A) should be completed by the Line Manager and the new member of staff within four weeks of the employees start date. A copy of the completed local induction checklist will be provided to the new member of staff and the Line Manager will send the original to the Learning & Development Department within four weeks of the new employees start date.

5.3.4 The Learning & Development Department will maintain and monitor a schedule which identifies new employees who have not returned a completed local induction checklist after four weeks. Once four weeks have passed, a member of the Learning & Development team will remind the line manager by way of an email or telephone call. If the form is not returned six weeks after the member of staff's start date, it will be escalated to a Senior Member of the Learning & Development Team. Forms not returned eight weeks after the start date are reported to the Head of Training who will inform the Service Manager/Head of Service/Director. Monitoring of this will be undertaken by the Workforce Governance Group and areas of concern will be escalated to the Regulation Governance Group.

5.3.5 Agency staff will complete a local induction checklist (which can be found in the Bank, Agency and Locum Policy) with the nurse in charge before the start of their first shift in a new work base. This checklist should be kept on file on the ward/work base and a copy sent to the HR Department.

## 6. TRAINING REQUIREMENTS

6.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Mandatory Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

## 7. EQUALITY IMPACT ASSESSMENT

All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected

characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

## **8. MONITORING COMPLIANCE AND EFFECTIVENESS**

Overall monitoring will be by the Regulation Governance Group who will receive a quarterly report from the Workforce Governance Group who will agree recommendations and action plans.

### **8.1 Process for Monitoring Compliance**

- The Learning and Development Team will monitor and record attendance at Corporate Induction by way of attendance sheets and recording of attendance on the Learning and Development System. Non-attendance will be followed up with Line Managers.
- The HR Department will monitor the completion and return of local induction checklists, following up those not returned after four weeks.
- The Learning and Development Team will provide a quarterly report for consideration at the Workforce Governance Group who will agree recommendations and action plans. Progress and areas of concern will be reported quarterly to the Regulation Governance Group by completing the Regulation Governance Group reporting template.

## **9. COUNTER FRAUD**

- 9.1 The Trust is committed to the NHS Protect Counter Fraud Strategy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

## **10. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS**

- 10.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the **fundamental standards** which inform this procedural document, are set out in the following regulations:

Regulation 8:	General
Regulation 9:	Person-centred care
Regulation 10:	Dignity and respect
Regulation 12:	Safe care and treatment
Regulation 16:	Receiving and acting on complaints
Regulation 17:	Good governance
Regulation 19:	Fit and proper persons employed
Regulation 20:	Duty of candour

- 10.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 18:	Notification of other incidents
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- 10.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

### **Relevant National Requirements**

NHSLA Risk Management Standards 2012-2013 for NHS Providers of Acute, Community or Mental Health and Learning Disabilities Services and Non-NHS Providers of NHS Care

## **11. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS**

### **Cross reference to other procedural documents**

Bank, Agency and Locum Policy

Developing & Managing of Organisation-wide Procedural Documents Policy and Guidance

Learning Development and Mandatory Training Policy

Mandatory Training Matrix (Training Needs Analysis)

Recruitment and Selection Policy

Training Prospectus

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

## **12. APPENDICES**

- 12.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such. This should include any relevant Clinical Audit Standards.

Appendix A - Local Induction Checklist



## Somerset Partnership Foundation NHS Trust

**LOCAL INDUCTION CHECKLIST****GUIDELINES FOR USE**

- This local induction checklist will be used as a guide, taking into account local circumstances applicable to all staff.
- It is the responsibility of the line manager to ensure that a comprehensive local induction programme is completed.
- This check must be completed and signed by the manager and the member of staff **within 4 weeks** of commencing employment and it is recommended that you spend at least 1 hour discussing the content.
- When completed, this form should be copied for the employee and then sent to the Learning and Development Department.

<b>Employee's Name:</b>		<b>Ward/Team/ Department:</b>
<b>Job Title:</b>		<b>Manager:</b>
<b>Employee Start Date:</b>		
<b>Topics to discuss</b>	<b>Information</b>	<b>Tick when completed</b>
Introduction/Welcome	Introduction to colleagues, structure of team, tour of work area/ward (including staff facilities: tea/coffee/meals, notice boards and car parking)	
ID Badge	Form to be completed and photograph taken All staff must wear identification badges when on duty	
Alarm systems/security	Including any Key(s) to be received	
Appointments form completed for Payroll	Employee to be advised of monthly Payroll arrangements and asked to submit their P45 as soon as possible	
Time sheets/travel policy/travel claims	To be completed and submitted monthly	
Suitable duty clothing/ footwear/uniform/ expected standards of conduct	All staff are required to present themselves in a clean, tidy and smart manner whilst on duty. Where uniform is provided, staff must keep them in good order and properly laundered to comply with infection control procedures. Please refer to the Dress Code Policy on the intranet	
Hours of work, shift rotas and breaks including on-call	Employee to be informed about local arrangements in line with New Deal and European Working Time Directive requirements	
Overtime, time off in lieu/ Leave Policy-Time in Lieu	Where possible, this should be agreed in advance with the line manager	
Team/Department meetings	How often are they held and location	
Reporting Sickness/ Sickness and Absence Management Policy	The manager must be informed as soon as a member of staff is aware that they will absent due to sickness. The employee must tell the manager the likely duration of absence and when they will return to work.	

	A fit note is required for each period of sickness and a GPs note is required from the 8 <sup>th</sup> day of any period of sickness onwards.	
Appraisal and Management Supervision/ Staff Appraisal and Management Supervision Policy	Staff Appraisals are undertaken annually between April and June. In addition to appraisal, each employee can expect to receive regular management supervision (sometimes referred to as one-to-ones). The standard frequency for management supervision is monthly and a session should last for approximately, and a maximum of, one hour.	
	<b>Name of Line Manager with Management Supervision responsibilities:</b>	
Clinical Supervision	<b>Name of Clinical Supervisor:</b>	
Mandatory Training	All staff are responsible for completing mandatory training at required intervals. Employee able to access their individual training record on the Learning and Development System	
Work and Wellbeing Services		
Staff Side Representatives		

**FOR DETAILED INFORMATION ON TRUST POLICIES PLEASE GO TO**

[http://intranet.sompar.nhs.uk/information/policies\\_procedures\\_guidance/policies\\_and\\_procedures.aspx](http://intranet.sompar.nhs.uk/information/policies_procedures_guidance/policies_and_procedures.aspx)

Access to emails/internet/ intranet/RIO/Datix	Does the employee have the correct IT access? IT Support 01823 287728 For further information see the Information Management & Trust Security Policy	
Confidentiality/Data Protection (Information Governance)	It is the responsibility of each member of staff to be aware of and to comply with the Staff Code of Confidentiality Policy, which highlights your responsibilities in respect of Service User (patient) and staff confidentiality	
Leave Policy and procedure for non-medical staff	On appointment – 27 days and Bank Holidays After 5 years service – 29 days and Bank Holidays After 10 years service – 33 days and Bank Holidays Please notify the employee of the booking procedure for your team	
Leave Policy and procedure for medical staff	Dependent on grade/service. Seek advice from your Lead Consultant, Clinical Tutor or HR Advisor	
Health and Safety Policy	All staff have a responsibility and duty of care to operate safe working practices to prevent injury to themselves and other who may be affected by their acts or omissions whilst undertaking duties and activities for the Trust.  Individuals may find themselves liable to action if they fail to report health and safety/risk issues	
Serious Incidents Requiring Investigation Policy and Procedure and Untoward Event Reporting Policy and Procedure (incident Reporting)	An untoward event is defined as any incident or accident with the potential to cause harm and should be recorded on the Datix system. Employees have a duty to report all untoward events and near misses to a senior member of staff and record them on Datix. Datix is the electronic system used within the Trust to record all untoward events, corporate and local risks (not client specific risk assessment which should be recorded within RiO), complaints and PALS enquiries	
Fire Safety Policy	The employee should be made aware of the fire exits within the building in which they work together with the assembly points outside the building	
First Aid Policy	Give the details of the First Aider and location of the nearest first aid box	

Lone Working Policy	Managers of teams, wards and other departments will develop and implement local systems and procedures to ensure safe lone working in the community. All new members of staff must be informed about these procedures at the earliest available opportunity	
Counter Fraud Policy	It is important that all those who work in the public sector are aware of the risk and means of enforcing the rules against fraud and other illegal acts involving dishonesty. This document sets out what action is taken when fraud is detected or suspected. Include Ethical Standards/ Hospitality/Conflict of interest	
Whistle Blowing Policy (Raising Concerns)	This document sets out the arrangements for staff reporting poor practice without fear of reprisal	
Polices on Safeguarding	Safeguarding Vulnerable Adults Policy and Process  Safeguarding Children	
PALS and Complaints Policy	All staff have a duty to respond to complaints in the first instance. Line managers should be informed and deal with any outstanding issues. Members of staff who receive a complaint to which they are unable to respond appropriately should forward it to the Complaints Manager	
Equality and Diversity Bully & Harassment		
Employee Relations		
Trust Strategies		

<b>DIRECTLY PATIENT RELATED POLICIES</b>		
Prevention and Management of Violence and Aggression (PMVA) Policy Mental Capacity Act 2005		
1. Consent and Capacity to Consent to Treatment (MH & SC Only) Policy 2. Consent to Examination or Treatment Policy (CH Only)		
Medicines Policy		
Detained Patients Absent Without Leave inc. Missing Persons Guidance		
Observations while maintaining Safety and Patient Engagement Policy		
Infection Control Policy		
Resuscitation Policy		
Safe Moving and Handling Policy		
Blood and Blood Components Transfusion Policy		
Indwelling Devices		
Food and Nutrition Policy		
Medical Device Policy		
Privacy and Dignity Policy		
Slips, Trips and Falls		

Policy		
Syringe Driver Policy		
Dementia Policy		
Hand Hygiene Policy		
Needle stick and Contamination Injury Policy		
Clinical Assessment & Management of Risk of Harm to Self and Others		
Records Keeping and Records Management Policy		
Handover Policy		
Local Induction/ content to be determined by manager		
Community Hospital Admission, Transfer and Discharge Policy		
RCPA Policy		
Physiological Observation of Inpatient and MIU Policy		
Dual Diagnosis Policy		

Please sign this Local Induction Checklist to confirm that a local induction has taken place in line with the recommendation laid out in this policy

Line Manager Name .....Signature.....Date.....

Staff Inductee Name.....Signature .....Date.....