



Policy:

HR009 Induction

(Extension to review date ratified by People Committee – Nov 2020)

Executive or Associate Director lead	Director of Human Resources
Policy author/ lead	Mandatory Training Lead
Feedback on implementation to	Mandatory Training Lead

Document type	Policy
Document status	Version 7.1
Date of initial draft	October 2017
Date of consultation	August – September 2017
Date of verification	December 2017
Date of ratification	21 December 2017
Ratified by	Executive Directors Group
Date of issue	22 December 2017
Date for review	31/03/2021 <i>(Extended from December 2020)</i>

Target audience	All managers and staff required to undertake induction
-----------------	--

Keywords	Induction, new, starters
----------	--------------------------

Policy Version and advice on document history, availability and storage

Version 7.1 replaces Version 7 – review date extended to 31/03/2021 by People Committee – November 2020.

Version 7 of the Induction Policy, this replaces previous versions of the policy.

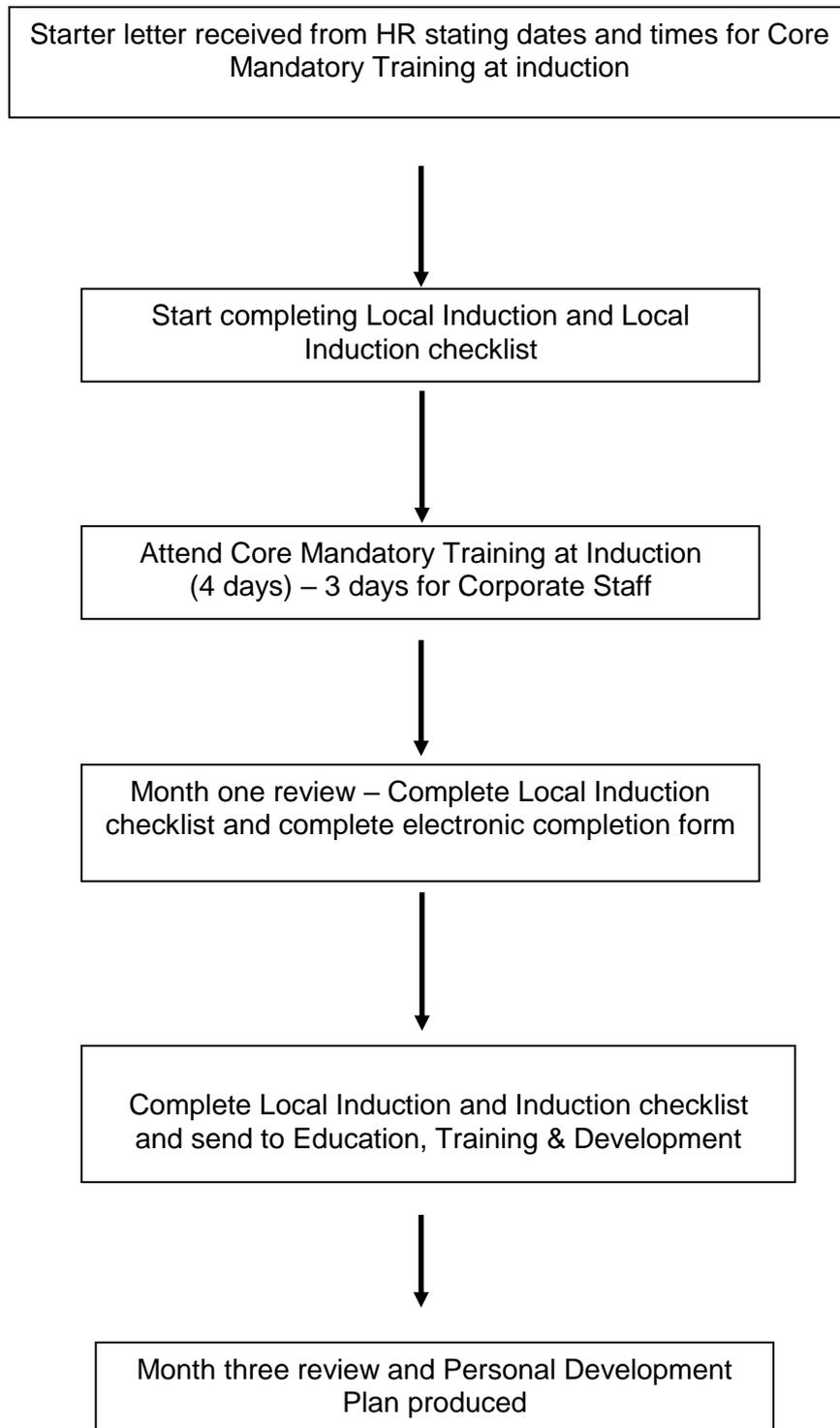
This version was reviewed in order to transfer it to the appropriate format for policies and updated in order to amend some references in its contents.

This policy will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and on the Trust's website. The previous version will be removed from the Intranet and Trust website and archived. Any copies of the previous policy held separately should be destroyed and replaced with this version.

Contents

Section		Page
	Flow Chart	1
1	Introduction	2
2	Scope	2
3	Definitions	2
4	Purpose	2
5	Duties	3
6	Specific details	4
	6.1 Prior to the employee taking up employment	4
	6.2 Local Induction	5
	6.3 Job Specific Training	5
	6.4 Core Mandatory Training at Induction Programme	5
	6.5 Information Technology	6
	6.6 Equality and Diversity	6
	6.7 Fire and Security	6
	6.8 One Month Review	6
	6.9 Specialist Off Job Training	6
	6.10 3 Month Review & Celebrate Success	7
	6.11 Personal Development Plan	7
	6.12 Evaluation and Monitoring of Induction Process	7
	6.13 Change in Position/Responsibility	7
	6.14 Other Groups of Workers	7
7	Dissemination, storage and archiving	8
8	Training and other resource implications	9
9	Audit, monitoring and review	10
10	Implementation plan	10
11	Links to other policies, standards and legislation (associated documents)	11
12	Contact details	11
13	References	11
Appendices	Appendix A – Version Control and Amendment Log	12
	Appendix B – Dissemination Record	13
	Appendix C – Equality Impact Assessment Form	14
	Appendix D - Human Rights Act Assessment Checklist	16
	Appendix E – Development, Consultation and Verification Record	18
	Appendix F – Policy Checklist	19
	Appendix G - Core Mandatory Training at Induction Timetable	21
	Appendix H - Induction Checklist	27

Flowchart: Induction Procedure



1. Introduction

This policy is for **all** new employees to SHSC.

The Trust regards staff as its most valuable resource. When new members of staff are recruited, we need to help them to become effective and legally compliant through a planned induction programme.

All employees will attend Mandatory training as per the Trust Mandatory Training Policy. This consists of attending 3 day Core Mandatory Training at Induction Programme and where applicable a full day Comprehensive Safeguarding training day followed by further Mandatory Training pertaining to their role and work base.

All employees will receive a local induction with their Manager or Supervisor introducing them to their place of work, their role, and their colleagues. To support this staff will complete the HR Local Induction Checklist or the locally produced directorate or site specific checklist and send to HR once completed.

2. Scope

This policy applies to all new employees whether permanent, temporary, locums, agency workers or volunteers.

3. Definitions

Permanent staff will include doctors in training and bank staff.

Temporary staff will include agency staff.

4. Purpose

- To help new staff establish their role in the Trust effectively and to become productive and valuable members of the team.
- To enable staff to understand their individual responsibilities and the organisations expectations of new staff.
- To comply with Trust mandatory training as per statutory legislation requirements.
- To understand the internal organisational structures and systems of the Trust and their role within it.
- To understand the process relating to their performance and development review.

5. Duties

The Trust Board is collectively accountable for ensuring that all statutory requirements relating to induction are in place and upheld by staff. This includes the quality, content and frequency of training provided and the maintenance of adequate staff induction records.

The Executive Directors" Group (EDG) is accountable and responsible for ensuring sufficient provision of accessible resources to support the development, implementation and monitoring of Induction. This includes human, physical and financial resources.

New employees are responsible for:

- Completing the relevant induction programme as identified with their line manager
- Taking personal responsibility for meeting their own mandatory and job role training requirements
- Identifying any reasonable adjustments requirements
- Participating proactively in induction training events and programmes according to their job role needs
- Informing ETD staff of any specific learning needs related to their job role
- Implementing learning, knowledge and understanding into practice.

Managers are responsible for:

- Providing delegated responsibility and accountability to meet the operational requirements of the Induction and Mandatory Training Policies
- Releasing staff to attend Core Mandatory Training at Induction
- Ensure all reasonable adjustments are put into place before the member of staff commences training
- Monitoring compliance and following up non-attendance
- Completing the job specific induction requirements and local induction checklists for all staff including agency, temporary and locum doctors.
- Ensuring that for all temporary staff the person in charge of the work area completes the Basic Induction Checklist (Appendix H) with all temporary staff, and ensures that the member of staff does not work unsupervised until it is completed.
- Monitor training records on a monthly basis via the OLM system and the compliance reports sent out by Education and Training.

Clinical Lead / Head of Medical Education/ is responsible for:

- Integrating Trust requirements for Induction and Core Mandatory and Training for junior doctor training with the Deanery requirements. This will include any national or regional requirements.

Director of Human Resources is responsible for:

- Leading Induction provision in the Trust
- Advising the Chief Executive and Trust Board on Induction and Core Statutory and Mandatory and Training issues.

Mandatory Training Lead is responsible for:

- The integration, management of the Induction and Core Mandatory Training system and processes and the overall delivery of Core Mandatory Training Programme.
- Reviewing the content of the Core Mandatory Training at Induction Programme annually
- Monitoring compliance by providing support and guidance at Trust, Group, Directorate, Department and individual level on Induction and Core Statutory and Mandatory Training issues.
- Ensuring the Training Needs Analysis, Trust Training Plan and Trust Course prospectus are up-to-date.
- Auditing directorate/trust compliance with Induction and Core Mandatory Training requirements
- Overseeing the production reports for HR and Workforce Committee and the Executive Directors Group (EDG).

Human Resources staff are responsible for:

- Sending a letter to the new starter with individual dates and details of their induction programme including local arrangements.
- Booking dates for each new starter for Core Mandatory Training at Induction with the Education, Training and Development administration team
- Informing new starters of recognised trade unions in the Trust

6 Process: Specific details

6.1 Prior to the employee taking up employment

The Trust recognises that the induction process begins during the recruitment and selection procedure when the first contact is made with potential new members of staff. Once the job offer has been made and accepted, the successful candidate will already have received a recruitment pack containing:

- Further details of the Trust
- A job description
- A diagram of the organisation structure

A letter will be sent to the new member of staff by Recruitment detailing the arrangements for the first day of work together with the dates that they have been booked on the Core Mandatory Training at Induction programme.

The Line Manager should make sure that the new member of staff knows where and when to report on the first day.

6.2 Local Induction

All new employees should receive a local induction of their area of work, the team and their role.

Either the online tool produced by Human Resources, or locally produced directorate or site specific materials may be used to support local induction. The Local Induction checklist form should be completed, signed by the new employee and line manager and sent to HR.

Fire, security and a health and safety briefing must take place on Day 1 of employment, to ensure the safety of the member of staff themselves, as well as patients and visitors.

6.3 Job Specific Training

A job specific checklist is used to plan and record training and demonstrate when competence is achieved. These are specific to the job role and place of work.

The checklist should be signed by the after the training has taken place and also signed when competence is achieved in the task overall.

6.4 Core Mandatory Training at Induction Programme

Employees must attend Core Mandatory Training at Induction (3 days) which consists of the mandatory training required by all staff regardless of post as per the Trust mandatory training policy. With Clinical and staff with face to face and telephone contact with Service users also attending Comprehensive Safeguarding on day 4 -The programme is in Appendix G.

Staff must attend Core Mandatory Training within three months of being in post.

If a staff member does not attend Core Mandatory Training at Induction, they will be booked on the next available session. The Directorate will also be charged the £50 DNA payment if the place isn't cancelled and re-booked 48 working hours prior to the start of either course. If non-attendance occurs again a place will be booked on the next available course. If non-attendance occurs three times a letter will be sent from the Director of HR to the Manager of the staff member reminding them of the importance of the Core Mandatory Training at Induction Programme and that it is a mandatory requirement

Care Certificate

The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. New Support Workers to the Trust and staff working equivalent role will undertake the care Certificate as part of their Induction period.

Returning staff

Staff who have left the Trust and are then reinstated to work for the Trust within a year of leaving are not required to attend Core Mandatory Training at Induction. They will receive an individual induction appropriate for their role. This is organised by their Manager and must include any mandatory and/or job specific essential training required in the new job function.

Staff who have left the Trust for a year or more are required to attend a Core Mandatory Training at Induction programme when reinstated to work for the Trust.

6.5 Information Technology

All staff are expected to demonstrate their ability to use e-mail and internet before being allocated an individual user account and an e-Learning password. Training will be provided where necessary, which all staff must attend.

6.6 Equality and Diversity

All new starters will attend a training session on Equality and Diversity as part of the Core Mandatory Training Programme

6.7 Fire and Security

Line managers are responsible for ensuring that new starters are aware of the fire and security procedures in their area of work. This briefing should be completed on day 1 of their employment. Staff complete a fire safety session as part of the Core Mandatory Training Programme. Following the session on the Core Mandatory Training Programme staff need to update this training in line with the as per the Trusts Mandatory Training schedule

6.8 One Month Review

At the end of the first month it is essential that a formal review meeting is held between the new employee and their Line Manager. The Line Manager is responsible for:

- Giving feedback on their progress so far, highlighting their achievements and providing constructive feedback on areas for improvement.
- Answering any questions or queries.
- Completing and checking the one month Induction Checklist and completing the online completion form on the Trust intranet.

6.9 Specialist Off Job Training

Each function and role within the Trust requires different areas of expertise. Therefore, there will be a need for Specialist Training that is usually delivered outside of the department and will be planned for either during or after their first three months depending upon need, priority and availability.

Training and coaching on the job will continue to be provided during the rest of the 3 month period by the buddy, Line Manager and other members of the team and Trust. The job specific training checklist will continue to be used to plan and record these activities.

6.10 3 Month Review & Celebrate Success

At the end of the second month the Line Manager will have a formal review meeting with the new team member and establish the following:

- In what areas of their role they have reached competence.
- Give feedback to the team member on their progress so far.
- Discuss job description and confirm their position and role within the team.
- Update generic and job specific checklists.
- Agree a Personal Development Plan

6.11 Personal Development Plan

An outcome of the 3 month review will be to agree a Personal Development Plan. This ties in the 3 month review into the performance and development review cycle of the Trust.

A format for a Personal Development Plan can be found in section 4 of the „Local Induction“ online resource pack.

6.12 Evaluation and Monitoring of Induction Process

The new employee will be asked to complete an evaluation form and return it to HR.

The Trust is committed to taking action to continuously improve the induction and development of its employees. Additionally, quarterly attendance statistics provide a tool for monitoring compliance to this process.

6.13 Changes in Position/Responsibility

Should any employee within the Trust change roles and responsibilities, then it is important that they are "re-inducted" locally into their position and/or new team and booked on any outstanding or new Mandatory Training requirements.

6.14 Other Groups of Workers

Locum and Agency Staff and Students

For these groups of workers it is not practical to implement the full induction procedure. This is normally where workers are only in the workplace for very short

periods of time i.e. one shift, or a short University Placement. It is however important that they receive a basic induction to ensure that they understand the essential structures and systems in which they operate. The person in charge of the work area or shift should complete the Basic Induction Checklist (Appendix H). With each member of temporary staff and ensure that they do not work unsupervised until it is completed.

The Trust will only use Agencies who have processes for ensuring and checking that the staff they supply have completed an appropriate induction and will obtain access to training records, as necessary.

Volunteers

Trust Volunteers will undertake a half day Induction programme and undertake a day of safeguarding Training before being placed in a Trust area.

Staff who Work on a „Regular“ Basis

If staff from these groups, work on a „regular“ basis the full induction process should be implemented. An example of „regular“ may be one shift per week for six months or fulltime for 4 months.

Staff are required to attend Core Mandatory Training at Induction and complete a local induction including the local induction checklist.

It is the responsibility of the recruiting manager to implement the full induction procedure where a worker becomes „regular“.

Bank Staffing

The Bank workforce are a pool of staff who are recruited and managed via the Bank staffing office in Human Resources. All new Bank staff who do not already have substantive posts with the Trust will attend the Core Mandatory Training at Induction programme.

7. Dissemination, storage and archiving (Control)

This policy is available on the SHSC intranet and available to all staff.

An email will be sent to “All SHSC” staff informing them of the revised policy. In addition, Clinical, Service & Support Directors will be advised that the revised version is available.

The previous policy will be removed from the intranet and replaced with the current version by the Corporate Governance team. Managers are also responsible for ensuring that hard copies of the previous version are removed from any policy/procedure manuals or files stored locally.

The previous policy will be removed from the Trust website by Human Resources. Human Resources will keep an electronic copy of the previous policy. Please contact them if a copy is needed.

8. Training and other resource implications

Resource implications for this policy include the following:

- Sufficient qualified and competent trainers to deliver the identified Statutory and Mandatory Training
- Mandatory Training Lead
- Sufficient administration support staff to book, prepare, record and monitor staff attendance on training
- Smart cards
- Training rooms with required equipment (IT, clinical skills)
- IT infrastructure and support
- E-Learning Capacity

Training and Induction compliance and audit records will be accurate and relevant to meet the Trust's Board statutory and mandatory responsibilities and accountability

9. Audit, monitoring and review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
Monitor new starters and completion of Core Mandatory Training at Induction	Monthly Compliance reports	Mandatory Training Steering Group	Quarterly	Workforce and OD Committee	Mandatory Training Lead	Mandatory Training Steering Group

Policies should be reviewed every three years or earlier where legislation dictates or practices change. The policy review date is September 2019.

10. Implementation plan

Action / Task	Responsible Person	Deadline	Progress update
New policy to be uploaded onto the Intranet and Trust website.	Director of Corporate Governance	Within 5 working days of ratification	
A communication will be issued to all staff via the Communication Digest immediately following publication.	Director of Corporate Governance	Within 5 working days of issue	
A communication will be sent to Education, Training and Development to review training provision.	Director of Corporate Governance	Within 5 working days of issue	

11. Links to other policies, standards and legislation (associated documents)

Mandatory Training Policy
Study Leave Policy
PDR Policy
Risk Management Policies
Disciplinary Policy
Any Trust policies, which identify training for staff employed by the Trust.

12. Contact details

<i>Title</i>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
Mandatory Training Lead	Jennie Wilson	0114 2263110	Jennie.Wilson@shsc.nhs.uk
Director of HR	Dean Wilson	0114 2263960	Dean.Wilson@shsc.nhs.uk

13. References

National Health Service Litigation Authority Risk Standards
Care Quality Commission Essential Standards of Quality and Safety
NHS terms and Conditions of Service Handbook

Appendix A – Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
7	Review/ ratification / issue	Oct 2017	Review / transfer onto new policy template.
7.1	Review date extended by People Committee	Nov 2020	New review date 31/03/2020 <i>(Extended from 31/12/2020)</i>

Appendix B – Dissemination Record

Version	Date on website (intranet and internet)	Date of “all SHSC staff” email	Any other promotion/ dissemination (include dates)
V5	Aug 2012	Aug 2012	
V6	Nov 2016	Nov 2016 via Communications Digest	
V7	November 2017	Not needed as no changes to policy only updating template	

Appendix C – Stage One Equality Impact Assessment Form

Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

Stage 1 – Complete draft policy

Stage 2 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES** – proceed to stage 3

See below

This policy does not impact on staff, patients or the public (insert name and date)

Stage 3 – Policy Screening - Public authorities are legally required to have „due regard“ to eliminating discrimination , advancing equal opportunity and fostering good relations , in relation to people who share certain „protected characteristics“ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don“t know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice this can be found at <http://www.shsc.nhs.uk/about-us/equality--human-rights>

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
AGE	No		
DISABILITY	Yes	Yes Training and resources can be adapted to allow learners to fully participate in some subjects. Learners with Disabilities to be identified at booking to facilitate consideration of reasonable adjustments where reasonably practicable.	
GENDER REASSIGNMENT	No		

PREGNANCY AND MATERNITY	Yes	Yes Training and resources can be adapted to allow learners to fully participate in some subjects	
RACE	No		
RELIGION OR BELIEF	No		
SEX	No		
SEXUAL ORIENTATION	No		

Stage 4 – Policy Revision - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)

Please delete as appropriate: Policy Amended / Action Identified / no changes made.

Impact Assessment Completed by (insert name and date)

Jennie Wilson 10/10/2016

Appendix D - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a persons Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site

<http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf>

(relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

1. Is your policy based on and in line with the current law (including case law) or policy?

- Yes. No further action needed.**
 No. Work through the flow diagram over the page and then answer questions 2 and 3 below.

2. On completion of flow diagram – is further action needed?

- No. No further action needed.**
 Yes. Go to question 3

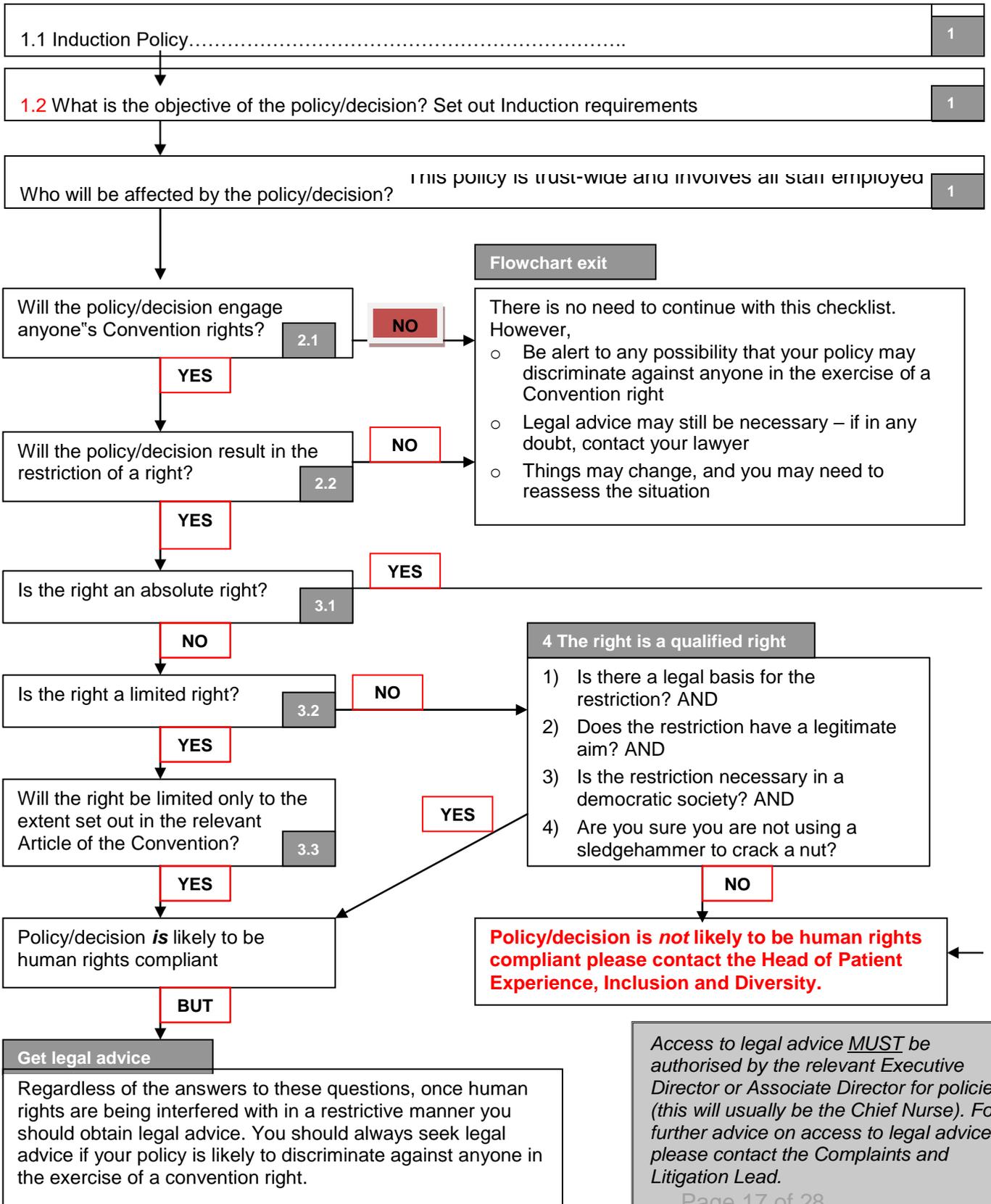
3. Complete the table below to provide details of the actions required

Action required	By what date	Responsible Person

Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose „Format Text Box” and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.



Appendix E - Development and Consultation Process

This version (V7) was reviewed in order to transfer it to the appropriate format.

Version 6 policy was circulated to the Mandatory Training Group and staff side for consultation in August 2017. No comments or changes were received.

1. Cover sheet



All policies must have a cover sheet which includes:

- The Trust name and logo ✓
- The title of the policy (in large font size as detailed in the template) ✓
- Executive or Associate Director lead for the policy ✓
- The policy author and lead ✓
- The implementation lead (to receive feedback on the implementation) ✓
- Date of initial draft policy ✓
- Date of consultation ✓
- Date of verification ✓
- Date of ratification ✓
- Date of issue ✓
- Ratifying body ✓
- Date for review ✓
- Target audience ✓
- Document type ✓
- Document status ✓
- Keywords ✓
- Policy version and advice on availability and storage ✓

2. Contents page



3. Flowchart



4. Introduction



5. Scope



6. Definitions



7. Purpose



8. Duties



9. Process



10. Dissemination, storage and archiving (control)



11. Training and other resource implications



12. Audit, monitoring and review



This section should describe how the implementation and impact of the policy will be monitored and audited and when it will be reviewed. It should include timescales and frequency of audits. It must include the monitoring template as shown in the policy template (example below).

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group / committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
A) Describe which aspect this is monitoring?	e.g. Review, audit	e.g. Education & Training Steering Group	e.g. Annual	e.g. Quality Assurance Committee	e.g. Education & Training Steering Group	e.g. Quality Assurance Committee

13. Implementation plan



14. Links to other policies (associated documents)



15. Contact details



16. References



17. Version control and amendment log (Appendix A)



18. Dissemination Record (Appendix B)



19. Equality Impact Assessment Form (Appendix C)



20. Human Rights Act Assessment Checklist (Appendix D)



21. Policy development and consultation process (Appendix E)



22. Policy Checklist (Appendix F)



Appendix G: Core Mandatory Training at Induction Programme

Monday CMT&I 09:00-16:30	09:15-09:30 Registration/ Introductions	09:30 - 10:00 Trust welcome and execution.	10:00 - 10:45 Complaints/Compliments and Concerns Sarah Sidaway	BR EAK	11.00-12.00 Information Governance	C U L H N U A I N P O C L N H A S I N S	13:15-15:00 Safety Inc Health & Safety/ Back care/ Slips, Trips & Falls/ Security Management/ Risk Assessment/ Incident Reporting	BR EAK	15.15- 16.15 Emergency Planning. Work time directive. Intranet & E-Learning	16;15 - 16:30 Reflection and feedback
Tuesday CMT&I 09:00-16:30	09.15-09.30 Recovery Oasis Garden Tim	09:30 - 10:45 Recovery Including Service User presentation. Ben	BR EAK	11:00 – 12:15 Compassionate Care. Values, Dignity, Person Centred Approach	M I A P P I	L U N C H	13.15- 15.00 Communication.	BR EAK	15.15- 16.15 Equality and Diversity. Bullying & harassment.	16;15 - 16:30 Reflection and feedback
Wednesday CMT&I 09:00-16:30	09:15 - 10:30 Infection control		BR EAK	10:45 - 12:30 Fluids & Nutrition	L U N C H	13-15 - 15:00 Health Chat BLS and choking.	BR EAK	15.15- 15.45 BLS and Choking cont.	Quiz	16;15 - 16:30 Reflection and feedback
Thursday: 0900-16:30	Safeguarding		BR EAK	Safeguarding	L U N C H	Safeguarding	BR EAK	Safeguarding		16;15 - 16:30 Reflection and feedback

Appendix H: Induction Checklists

Employee Induction Checklist

Name:

Job Title:

Start Date:

Review Date:

Department:

Line Manager:

This checklist is to ensure that all aspects of your local induction are covered in a timely manner. As each area 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 area does not apply to your post, mark it „N/A" (not applicable).

ACTION BY LINE MANAGER:

- By the end of day 1 check dates for member of staff to attend Corporate Welcome and Core Mandatory training. Ensure member of staff knows location of training, directions to venue, dates and times.
- Within four weeks of commencement to post please send your completed induction checklist to HR.

What do you need to know	How will you learn	Measure of success	Completed & date (✓)
To be completed by the end of week 1			
Welcome and introduction to team and workplace. <ul style="list-style-type: none"> • Introduction to colleagues • Toilet facilities • Tour / Floor plan of Working areas • Fire & Security briefing • Rest areas & breaks • Lockers (if available) • Smoking policy • Car parking • Access codes for the doors • Check dates of Corporate Welcome, Core Mandatory Training and Occupational Health appointment 	Line Manager or delegated staff member	To be comfortable and familiar with new environment	
<ul style="list-style-type: none"> • Work processes and procedures • Induction plan explained • Rotas and working hours • Daily Routines • Telephone directory` 		To understand the signing in /out procedure. To be confident in how to gain access	

<ul style="list-style-type: none"> • Opening an email account • Email and internet use and password • Subject access procedures • Travel expenses • Discuss flexible working • E- rostering (if applicable) 	Line Manager or delegated staff member.	and use different communication systems.	
<ul style="list-style-type: none"> • Health and Safety • Accident/incident reporting • Alarm systems • Use of COSHH products including latex • Department first aider Health & Safety representative • Personal protective equipment required and employee responsibilities. • Personal safety plan • Security • Emergency plan procedure 	Line Manager & Resource Pack	<p>To be aware of basic Health and Safety issues</p> <p>To feel safe and free from health and safety risks and know how to maintain the health and safety of others.</p>	
<p>Action in event of a fire</p> <ul style="list-style-type: none"> • Fire assembly points • Fire exits • Fire alarm sounds • Fire emergency number • Local fire plan/ nominated person 	Identify Locations for alarms & assembly area	To be aware of SHSC fire evacuation procedures	
<p>Policies to read</p> <ul style="list-style-type: none"> • COSHH Control of Substances Hazardous to Health • Email • Fire Safety • Health and Safety • Incident Reporting and Investigation • No Smoking 	Intranet	To have read and understood the policies	
To be completed by the end of week 2			
<p>Structure of Department</p> <ul style="list-style-type: none"> • Structure of department • Function of department • Roles and responsibilities 	Department chart Job description Line Manager	To be able to explain the structure and functions of the department.	
<p>Focus of their role</p> <ul style="list-style-type: none"> • Job description • Expectations and limitations of post • Organisational structure • Local development plan • NHS modernisation agenda 	Line Manager	To be able to describe how their role and function contributes to the	

<ul style="list-style-type: none"> • Integrated health and social care Trust • Details of Board Members • Schedule in 1:1s/ supervisions with Line Manager 		organisation and its current goals and priorities	
<p>Team processes and procedures</p> <ul style="list-style-type: none"> • Notice Boards • Team meetings • Diaries • Handovers • Trust/department jargon • Telephone answering procedure • Appropriate use of: e-mail, telephone, fax, internal and external post, • Leave; planned, unplanned, sickness and special circumstances, study leave • Timekeeping • Aggressive / abusive colleagues or patients • Shift patterns • Uniform / dress code • How to operate IT equipment or machinery safely (if applicable) 	<p>Line manager</p> <p>Policies on intranet</p> <p>Handouts</p> <p>Leaflets</p> <p>Line manager</p> <p>Policies on intranet</p> <p>Handouts</p> <p>Leaflets</p>	<p>Understand the team processes and procedures in operation</p> <p>Understand the team processes and procedures in operation</p>	
<p>Organisation processes and procedures</p> <ul style="list-style-type: none"> • Wearing of Corporate ID • Professional organisation /trade union rep • Staff appraisal • Communication in the organisation. • Knowledge and skills framework • Coaching and mentoring • Infection Control including hand hygiene. • Pay • Pensions and Superannuation • Childcare Co-ordinator • Workplace Wellbeing • Occupational Health • Westfield Scheme • NHS Discounts 	<p>Line manager</p> <p>Policies and information on the intranet</p> <p>Handout</p> <p>Core Mandatory Training programme</p> <p>Corporate Welcome</p>	<p>To be able to state the component parts of policies and explain their importance to patient/service user care and the operation of the Trust as a whole.</p>	

<p>patient/service user care, service planning,</p> <ul style="list-style-type: none"> • Good practice in collection and use of personal information • Personal responsibilities 		record keeping, quality information and can apply it to their role.	
<p>Risk</p> <ul style="list-style-type: none"> • Risk strategy • Risk assessments • Risk policies • Risk Department • Local Risk/Health & Safety Group 	<p>Leaflet</p> <p>Line Manager</p> <p>Intranet</p> <p>Corporate Mandatory Training programme</p>	To understand his/her responsibility regarding risk and the processes in place to reduce risk.	
<p>Policies/Relevant legislation to read</p> <ul style="list-style-type: none"> • Data Protection Act • NHS code of confidentiality • Freedom of Information • Back Care and Manual Handling • Information Governance • Records Management • Education, Training and Development • Performance Development Review 	Intranet	To have read and understood the policies	

I confirm that this Employee Induction Checklist has been completed and that the employee has met the requirements for each section.

Employee's signature _____

Date _____

Manager's Signature _____

Date _____

Basic Induction Checklist

Name:

Post title:

Department:

Date of Appointment:

Please tick

Job/Ward Specific Information

- The Specific duties and responsibilities of the post
- Hours of work and shift patterns, if applicable
- Explanation of essential job specific information
- Use of PPE. aprons, gloves etc...
- Disposal of waste

Facilities

- Orientation to the ward and explain geographical layout
- Location of toilets, lockers, eating drinking facilities
- Security of personal effects

Health & Safety

- Location of fire exits, fire equipment, alarms,
- Fire evacuation procedure and emergency telephone numbers
- Main risks/hazards, relevant to this shift/type of worker
- Incident reporting procedure and location of forms
- Clinical risk
- Manual Handling procedures, equipment
- Infection status of clinical setting
- Security pass, keys, name badge, access codes, security etc...

Emergencies

- Emergency telephone number (2222)
- CPR procedures and responsibilities
- Location of emergency equipment

Contacts

- Procedure for contacting, on call manager, on call doctors etc
- Name of staff member to approach if in difficulty
- Name of supervisor (for unqualified/untrained staff)

Policies and Procedures

- Location of policy/procedure manuals
- Hand hygiene
- Smoking policy
- Confidentiality and Caldicott
- Equal opportunities policy
- Use of mobile phones
- Lifting and Handling regulations
- VDU Regulations

Other

- Inform worker that they can access any job vacancies within the Trust on the NHS jobs website. (NB. It is a legal requirement that agency workers are informed of this).

NB: This is not an exhaustive list, but the minimum that must be completed. Information will be based on the role of the worker and the particular circumstances on the Ward /in the Team at the time of the shift induction.

Name of inductee (print)

Signature of inductee:..... Date

Name of inductor (print)

Signature of inductor:..... Date