



# Policy:

## HR 009 - Induction

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<b>Policy Owner</b>	Mandatory Training Lead
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<b>Date for Review</b>	31/03/2024

### Summary of policy

The changes made to this version of the policy are summarised on page 3 (amendment log).

<b>Target audience</b>	All managers; staff required to undertake induction
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<b>Keywords</b>	Induction; new; starters
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### Storage

This is Version 8.1 and is stored and available through the SHSC Intranet/Internet.

This version supersedes the previous Version 8.

Any copies of the previous policy held separately should be destroyed and replaced with this version.

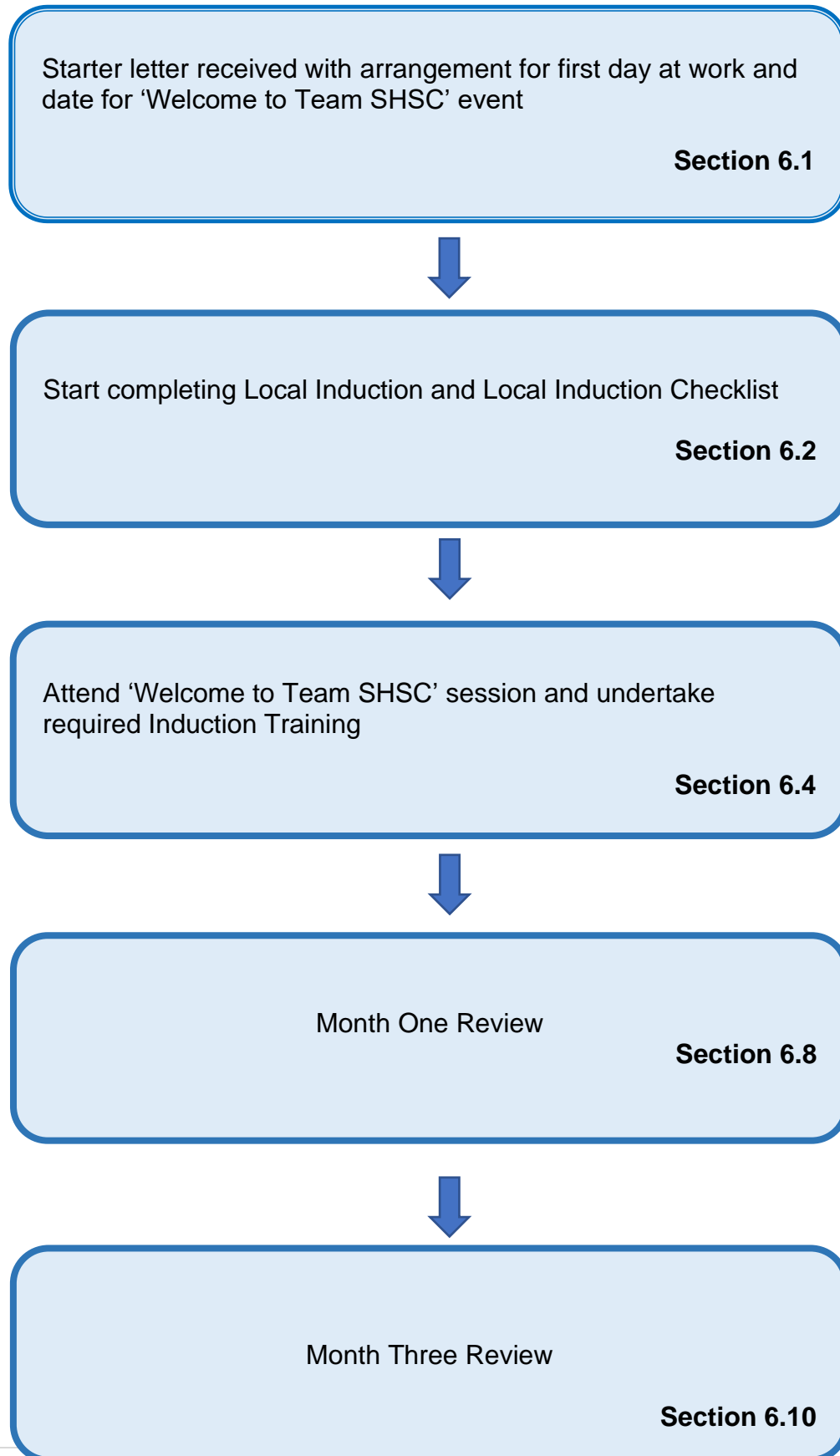
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## Version Control and Amendment Log

<b>Version No.</b>	<b>Type of Change</b>	<b>Date</b>	<b>Description of change(s)</b>
V7	Review/ratification/issue	Dec 2017	Policy reviewed as review date reached.
V7.1	Review date extended	Nov 2020	Review date of Policy was extended from December 2020 to March 2021.
8	Review/ ratification / issue	March 2021	<p>Review / transfer onto new policy template.</p> <p>Updated due to training moving online.</p> <p>Language reviewed to be in-line with welcome to learn SHSC (new name of new starter programme).</p> <p>Update to processes.</p> <p>Page 6 and 7 amended after PGG on 8/3/2021. Text added to ensure that staff do not perform any duties until they have had the relevant training.</p>
8.1	Minor update approved via E governance	April 2023	<p>Amendments to the wording in section 6.4, 6.5.</p> <p>Around mandatory training for information governance.</p>

## Flowchart



## 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 the 'Welcome to Team SHSC' event and undertake any training required by their role (taking into account any training passported during recruitment process).

All employees will receive a local induction with their Manager or Supervisor introducing them to their place of work, their role, and their colleagues.

## 2. Scope

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

## 3. 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 organisation's 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.

## 4. Definitions

Permanent staff will include doctors in training and bank staff.

Temporary staff will include agency staff.

## 5. Details and 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 Trust Board 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 (unless training cancelled due to logistics)
- Identifying any reasonable adjustments requirements to their line manager or Occupational Health on their application form.
- Ensuring they do not perform any duties until they have had the relevant training in that area
- 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 'Welcome to Team SHSC' and undertake required training.
- Ensure all reasonable adjustments are put into place before the member of staff commences training
- Ensure staff do not undertake any duties until they have had the relevant training for that activity
- Monitoring compliance and following up non-attendance & non-completion of online training
- 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 day one Induction Checklist (Appendix B) with all temporary staff, and ensures that the member of staff does not work unsupervised until it is completed
- Monitor training records on a regular 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 for junior doctor training with the Deanery requirements. This will include any national or regional requirements.

**Director of People Directorate** is responsible for:

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

**Mandatory Training Lead** is responsible for:

- The integration, management of the Induction Mandatory Training system and processes and the overall delivery of Mandatory Training Programme. Ensuring access to online learning and capacity on face to face courses
- Reviewing the content of the 'Welcome to Team SHSC' Programme annually
- Informing new starters of recognised trade unions in the Trust
- Monitoring compliance by providing support and guidance at Trust, Group, Directorate, Department and individual level on Induction and Statutory and Mandatory Training issues
- Ensuring the Training Needs Analysis, Trust Training Plan and Trust Online Course prospectus are up-to-date.
- Auditing Directorate/Trust compliance with Induction and Mandatory Training requirements
- Overseeing the production report for relevant Trust Steering Groups.

**Human Resources** staff are responsible for:

- Streamlined recruitment process which ensures passporting of any previous NHS training
- Booking on 'Welcome to Team SHSC' as part of recruitment process.

## **6 Procedure: 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 'Welcome to Team SHSC' event.

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. See Induction Checklist – Appendix B

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

## 6.4 Mandatory Training / Induction Programme

Employees must attend the 'Welcome to Team SHSC' event

Staff must complete information Governance / data security training within 5 days of commencing employment.

The remaining mandatory Training within three months of being in post.

Staff must complete any training non-compliant on their ESR record as part of their Induction period.

### Care Certificate

The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. New support workers to the Trust and staff working in an 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 the 'Welcome to Team SHSC' event. 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 'Welcome to Team SHSC' event.

## **6.5 Information Technology**

Information Governance training undertaken within first week of employment, in date training will be recognised if employee is transferring from a different NHS Trust.

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.

## **6.6 Equality and Diversity**

All new starters who have not previously completed or are no longer in date will complete a training session on Equality and Diversity as part of their Induction 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 online fire safety training as part of the Induction. Following this staff need to update this training as per the Trust's 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
- Revisiting the Induction Checklist and identifying any gaps.

## **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 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 third 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 an interim Personal Development Plan.

#### **6.11 Monitoring of Induction Process**

This is monitored via the regular Mandatory Training reports.

#### **6.12 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.

#### **6.13 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 start – day one of the Induction Checklist (Appendix B). 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 an online Induction Programme and undertake relevant 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 6 months or full time for 4 months.

Staff are required to attend a 'Welcome to Team SHSC' event 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 within the People Directorate. All new Bank staff who do not already have substantive posts with the Trust will attend the 'Welcome to Team SHSC' event and complete all relevant Mandatory Training

## **7. Development, Consultation and Approval**

Policy updated to reflect changes in Trust processes and review of onboarding as part of Day One Ready microsystem

## 8. Audit, Monitoring and Review

<b>Monitoring Compliance Template</b>						
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 'Welcome to Team SHSC'	Regular Compliance reports	Mandatory Training Lead	Fortnightly	Mandatory Training Lead	Mandatory Training Lead	Mandatory Training Lead

*The policy review date is 31 March 2024.*

## 9. 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	

## 10. Dissemination, Storage and Archiving (Version Control)

Version	Date on website (intranet and internet)	Date of entry in Connect (all staff communication)	Any other promotion/ dissemination (include dates)
7	Dec 2017	Dec 2017	N/A
7.1	Nov 2020	N/A	N/A
8	March 2021	March 2021	Included in all staff email from communication team once approved

All versions of HR policies are stored on the HR Shared Drive by the policy author and the PA to the Director of Human Resources.

Word copies of final versions of policies can be obtained from Policy Governance via the PA to the Director of Human Resources.

This policy is available on the SHSC extranet 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 Intranet/Website by the Communications Team.

## 11. 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

## 12. Links To Other Policies, Standards, References, Legislation (Associated Documents) and National Guidance

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

## 13. Contact Details

<b><i>Job Title</i></b>	<b><i>Name</i></b>	<b><i>Phone</i></b>	<b><i>Email</i></b>
Mandatory Training Lead	Jennie Wilson	0114 2263110	jennie.wilson@shsc.nhs.uk
Director of People Directorate	Caroline Parry	0114 2263960	caroline.parry@shsc.nhs.uk

**Equality Impact Assessment Process and Record for Written Policies**

**Stage 1 – Relevance** - Is the policy potentially relevant to equality i.e. **will this policy potentially impact on staff, patients or the public?**

This should be considered as part of the Case of Need for new policies

**NO** – No further action is required – please sign and date the following statement.  
I confirm that this policy does not impact on staff, patients or the public.

*I confirm that this policy does not impact on staff, patients or the public.*  
Name/Date:

**YES, Go to Stage 2**

**Stage 2 Policy Screening and Drafting Policy** - 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 and Flow Chart.

**Stage 3 – Policy Revision** - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy 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	Adjustments will be made to support any learners needing guidance or support to complete induction training		
Gender Reassignment	no		

<b>Pregnancy and Maternity</b>	no		
<b>Race</b>	no		
<b>Religion or Belief</b>	no		
<b>Sex</b>	no		
<b>Sexual Orientation</b>	no		
<b>Marriage or Civil Partnership</b>	no		

Please delete as appropriate: - Policy Amended / Action Identified (see Implementation Plan) / no changes made.

Impact Assessment Completed by:  
Jennie Wilson 01/03/21





### Local Induction Checklist

Name		Job Title	
Start Date		Review Date	
Department		Line Manager	

This checklist is designed to help you become familiar with your new workplace and the policies & procedures related to your job and work base.

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.

The checklist should be started on your first day and completed by your first month of employment. It will then be placed in your personal file.

#### Day 1

Welcome and Introduction to Team and Workplace	Completed ✓ or n/a
<ul style="list-style-type: none"> <li>• Introduction to colleagues</li> <li>• Orientation of working areas / access codes / rest areas / toilet facilities</li> <li>• Smoke free policy</li> <li>• Car parking</li> <li>• Induction – Welcome to Team SHSC date and online training requirements</li> <li>• Trust Values</li> </ul>	

Working Arrangements	Completed ✓ or n/a
<ul style="list-style-type: none"> <li>• Rotas and working hours</li> <li>• IT access, email, shared drive</li> <li>• E-rostering</li> <li>• Breaks – paid &amp; unpaid</li> <li>• Absence reporting, who to notify and when</li> </ul>	

<ul style="list-style-type: none"> <li>• Self-certification / fit notes</li> <li>• Return to work interviews</li> <li>• Occupational Health</li> <li>• Special leave procedures</li> <li>• Annual leave allocation and request procedure explained</li> </ul>	
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Health & Safety	Completed ✓ or n/a
<ul style="list-style-type: none"> <li>• Dress code / ID Badge</li> <li>• Safe working practices</li> <li>• Fire &amp; Security briefing – emergency number, alarms, call points, exits, assembly area</li> <li>• Accident / incident reporting</li> <li>• First Aid procedures</li> <li>• Health &amp; Safety representative</li> <li>• Personal Protective Equipment</li> <li>• Personal safety</li> <li>• Infection Control</li> <li>• Key policies to read (see below)</li> </ul>	

**Week 1**

Department	Completed ✓ or n/a
<ul style="list-style-type: none"> <li>• Structure</li> <li>• Structure within organisation</li> <li>• Role of service and how it fits into wider trust</li> <li>• Roles and responsibilities</li> <li>• Goals and priorities</li> <li>• Ensure staff member us compliant with data security training</li> </ul>	

Your Role	Completed ✓ or n/a
<ul style="list-style-type: none"> <li>• Job description and role within the team</li> <li>• Expectations and limitations of post</li> <li>• Schedule supervisions with Line Manager</li> <li>• Learning and Development needs</li> </ul>	

Team Processes and Procedures	Completed ✓ or n/a
<ul style="list-style-type: none"> <li>• Communication – handovers / notice boards / meetings</li> <li>• Telephone / email / post / office equipment and appropriate use</li> <li>• Uniform / dress code</li> <li>• Support and training and responses re: violence and aggression</li> </ul>	

Organisation Processes and Procedures	Completed ✓ or n/a
<ul style="list-style-type: none"> <li>• Professional organisations</li> <li>• Personal Development</li> <li>• Coaching &amp; mentoring</li> <li>• Speaking Up / Whistleblowing</li> <li>• Pay scales</li> <li>• Pensions</li> <li>• Workplace Wellbeing</li> <li>• Occupational Health</li> <li>• Westfield Scheme</li> <li>• Staff benefits – including salary sacrifice</li> </ul>	

**Within 1 Month**

Training	Completed ✓ or n/a
<ul style="list-style-type: none"> <li>• Welcome to team SHSC (Induction) completed Aware of Trust activities / structure / key policies / key roles &amp; responsibilities / staff support</li> </ul>	

<ul style="list-style-type: none"> <li>• Core Mandatory Training completed</li> </ul> <p>Knowledge &amp; skills acquired &amp; can apply into practice</p>	
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**Key Policies to Read**

Discuss with your line manager the order of priority, this will be dependent on your role.	Completed ✓ or n/a
<ul style="list-style-type: none"> <li>• Back Care and Manual Handling</li> <li>• Confidentiality Code of Conduct</li> <li>• Control of Substances Hazardous to Health (COSHH)</li> <li>• Data and Information Policies</li> <li>• Dress Code, Uniform and Appearance</li> <li>• Equal Opportunity &amp; Dignity at Work</li> <li>• Fire Safety</li> <li>• Health &amp; Safety</li> <li>• Incident Management</li> <li>• Infection Prevention &amp; Control</li> <li>• Lone Worker</li> <li>• Password</li> <li>• Smoke Free and Nicotine Management</li> <li>• Social Media</li> <li>• Supervision</li> <li>• Records Management</li> <li>• PDR Policy</li> <li>• Speaking Up – Freedom to Speak Up Raising Concerns Whistleblowing</li> <li>• Stress Management at Work</li> <li>• Working Time Regulations</li> </ul> <p>Other role specific policies identified by line manager:</p>	

Scheduled date for 1 month review:

Scheduled date for 3 month review:

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

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Appendix C

# Review Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
<b>Engagement</b>		
1.	Is the Executive Lead sighted on the development/review of the policy?	Yes
2.	Is the local Policy Champion member sighted on the development/review of the policy?	Yes Author
<b>Development and Consultation</b>		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	N/A
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	Yes
5.	Has the policy been discussed and agreed by the local governance groups?	Yes
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	N/A
<b>Template Compliance</b>		
7.	Has the version control/storage section been updated?	Yes
8.	Is the policy title clear and unambiguous?	Yes
9.	Is the policy in Arial font 12?	Yes
10.	Have page numbers been inserted?	Yes
11.	Has the policy been quality checked for spelling errors, links, accuracy?	Yes
<b>Policy Content</b>		
12.	Is the purpose of the policy clear?	Yes
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	Yes
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	N/A
15.	Where appropriate, does the policy contain a list of definitions of terms used?	Yes
16.	Does the policy include any references to other associated policies and key documents?	Yes
17.	Has the EIA Form been completed (Appendix A)?	Yes
<b>Dissemination, Implementation, Review and Audit Compliance</b>		
18.	Does the dissemination plan identify how the policy will be implemented?	Yes
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	Yes
20.	Is there a plan to <ol style="list-style-type: none"> <li>i. review</li> <li>ii. audit compliance with the document?</li> </ol>	Yes
21.	Is the review date identified, and is it appropriate and justifiable?	Yes