

**Induction Policy**

Effective: August 2010

Review :December 2012

**1 Introduction**

An effective induction process is essential to an organisation in terms of ensuring staff and patient safety, and introduction of new staff to the business. Completion of corporate and departmental induction processes are mandatory for all new employees.

This policy outlines the key content and processes for induction within the Trust.

**2 Scope**

This policy is applicable to all newly recruited staff, including permanent, temporary and agency staff, students and volunteers.

**3 Role and Responsibilities**

**3.1 Director of Human Resources**

To ensure that the provision of corporate and departmental induction is accessible and provides staff with current and reliable information to meet internal and external standards for new starters.

**3.2 Head of Education and Development**

To ensure that appropriate induction programmes are in place, which meet local and national standards and provide high quality education experience for the inductee. To ensure that records of completions, non attendance are in place and follow up for non attendance is facilitated through information to managers.

**3.3 Human Resources Recruitment & Medical Staff Teams**

To ensure that appropriate staff are allocated a place/provided with information on their corporate induction process, including LET induction information as required for Junior Doctors.

To ensure the education and training service have accurate information relating to new starters on a monthly basis, with directorate, line manager information.

**3.4 Education and Training Service**

To provide an accurate and timely course administration service, recording and reporting attendance and non attendance, including notification to line managers for non attendance at corporate and departmental induction.

To ensure provision of appropriate and up to date corporate induction programmes and departmental induction checklists, including co-ordination of programmes and e-learning development.

### 3.5 Directorate/Departmental Manager/Clinical Director/Educational lead

To monitor overall attendance/non attendance of their department/ relevant staff and ensure action is taken to ensure all staff within their service comply with this policy.

### 3.6 Line Manager/Educational Supervisor

To ensure staff member completes both corporate induction and departmental induction within 4 weeks of appointment to the Trust. Non attendance must be followed up until induction is completed.

### 3.7 Placement Facilitators/Professional Education Leads / Undergraduate team

To ensure students are inducted effectively into the trust and provide an appropriate programme that meets trust requirements. To ensure information is provided to the Education & Training service in order to maintain accurate records of attendance.

### 3.8 All Staff

All new permanent staff, regardless of grade or profession, must attend the corporate induction and complete departmental induction. The term new staff is defined as those employees who have either never worked for the Newcastle Upon Tyne Hospitals NHS Foundation Trust or who have had a break in service of more than 6 months.

## 4 Corporate Induction

The Corporate Induction programme covers essential information to meet national and local standards (Appendix 1) and is therefore a requirement for all new starters to the trust and provided as follows:

Programme	Staff Group	Provision
Trust Corporate Programme Attendance – one day	All staff including Consultants (excludes groups below)	Weekly
Junior Doctors Programme (e-learning)	All Junior Doctors new to Trust or rotating after a break > than 6 months	Monthly
Professional Trainee Programmes (one day)	Students (Nursing, AHP, Dental Nurses, Pharmacy, Midwifery)	Locally based as part of placement arrangements

## 5 Departmental Induction

It is essential that all staff complete a department induction programme. A core checklist is provided, which must be completed within **one month** of starting within the Trust for permanent staff. The table below details arrangements for temporary staff.

Departments may supplement this with local checklists to cover issues specific to their area/service. This should be recorded locally.

Notification of all successful local induction completions must be undertaken by line managers/booking manager for agency/locum staff, using the electronic notification forms on the Trust Intranet.

<b>Staff Group</b>	<b>Checklist</b>	<b>Timeframe</b>
Permanent staff/ staff with contracts over 3 months duration	Local Induction checklist	One month of start date
Temporary Staff contracts (2 weeks – 3 months contract duration)	Local induction checklist (not required to do Trust induction)	2 weeks of start date
Agency/Locum Staff (less than 2 weeks booking)	Agency staff checklist	First shift
Junior Doctors	Doctors Departmental induction	One month of start date
Non medical students/trainees	Student induction programme (provided by local training lead/placement facilitator)	Start of first placement with Trust

For agency/locum staff, a record of bookings and date of local induction must be maintained by the booking department/manager, and returned to the Education and Training Service at the end of each month (Appendix Two).

The authorised booker is responsible for ensuring that the electronic notification form for agency staff is completed within 5 days of the first agency shift.

Completion of the induction process is a requirement of the probationary period.

## **6 Monitoring and Review**

The Education and Training service will record and report monthly completions and non attendance at corporate induction, and non medical departmental induction through the monthly HR reports provided to Directorates.

The Education and Training service will record and report completions, DNA, non completions of Junior Doctor induction within one month of each programme. These reports will be provided on a quarterly basis to the Trust Education Group.

The Trust Education Group will monitor attendance/non attendance, advise action as required and follow these actions through to completion.

The HR monthly reports should be used by Directorate/Department managers to monitor compliance and to follow up those members of staff who have not completed induction training. Performance Review process will be used to monitor compliance and actions taken at an individual service level.

Agency/locum staff induction compliance will be monitored through regular spot check audits (at least annually) which will be reported to the Trust Education Group.

The Mandatory Training group will monitor and review content and evaluations of induction, and in conjunction with the relevant professional groups, advise on content review, with a minimum of an annual course review being presented within the Trust Education & Training committee.

Author: Director of Performance and Review

## **Appendix 1**

### **Course Content:**

Welcome to Trust, Organisation values/priorities,  
Employee Wellbeing, Staff Handbook

### **Mandatory Training:**

Fire

Infection Control Level 1 including hand hygiene

Information governance including confidentiality and e record

Manual Handling Awareness

Safeguarding(Adults & Children)

Equality & Diversity/Customer Service

Dignity & Respect/Bullying & Harassment

Health & Safety/including incidents, slips, trips & falls, complaints, inoculation

incidents and incident reporting

Blood transfusion (e learning for staff groups according to mandatory training matrix)

Departmental Induction Checklist



### **LOCAL INDUCTION CHECKLIST for MANAGERS GUIDANCE FOR LOCUM/AGENCY STAFF BOOKINGS**

All agency staff **must** undertake a Local Induction, supervised by a line manager or authorised deputy, in order to comply with national mandatory training regulations. The Induction checklist for Locum and Agency staff can be found on the Staff Development web site:

[http://intranet/trust\\_intranet/staffdevelopment/induction.html](http://intranet/trust_intranet/staffdevelopment/induction.html)

Once the Induction has been completed, you must notify the Staff Development team using the **Submit an Agency/Temporary Staff Induction Notification** form from the above web page. Managers should use the form below to record all staff bookings and online notifications. This form should be returned each month to **Education and Training, Education Centre, Freeman Hospital.**



**THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST**  
**IMPACT ASSESSMENT – SCREENING FORM A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Trust Induction	Policy Author:	Head of Education and Development
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4(a).	Is the impact of the policy/guidance likely to be negative? <i>(If “yes”, please answer sections 4(b) to 4(d)).</i>	No	
4(b).	If so can the impact be avoided?		
4(c).	What alternatives are there to achieving the policy/guidance without the impact?		
4(d)	Can we reduce the impact by taking different action?		

<b>Comments:</b> Individual needs are responded to as required in relation to access to training/e learning materials and reasonable adjustments made for access to the training provision/checklists for individuals with physical or sensory impairments in line with our legislative responsibilities.	<b>Action Plan due (or Not Applicable):</b> N/A
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Name and Designation of Person responsible for completion of this form: Karen Giles, Head of Education and Development Date: 4.1.09

Names & Designations of those involved in the impact assessment screening process: ..... Consulted Christine Holland (regarding teaching provision impact issues).....

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

*For advice on answering the above questions please contact Helen Lamont, Director of Nursing, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) [steven.stoker@nuth.nhs.uk](mailto:steven.stoker@nuth.nhs.uk) together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.*