The Trust is committed to promoting an environment that values diversity. All staff are responsible for ensuring that all patients and their carers are treated equally and fairly and not discriminated against on the grounds of race, sex, disability, religion, age, sexual orientation or any other unjustifiable reason in the application of this policy, and recognising the need to work in partnership with and seek guidance from other agencies and services to ensure that special needs are met.
Induction & Mandatory Training Policy / Version 4
Ratified by: BISE
Date of Ratification: September 2012
Date of Review: September 2015

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Change History

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<th>Reason</th>
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<td>Jane Barrett</td>
<td></td>
<td>Yes</td>
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<td>2.1</td>
<td>July 2010</td>
<td>Jane Barrett</td>
<td>Extended until December 2010. New training policy to be introduced in Jan 2011. Small changes made to current policy.</td>
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1. **Introduction**

   The Trust Board is committed to leading the organisation forward to deliver a quality service and achieve excellent results, thereby ensuring that the organisation makes the very best possible use of public funds.

   Induction is a process to help people new or staff transferred from other hospitals, to get to know the organisation, what it expects of them and how they will be supported to do a good job. Part of this process involves providing training that is essential for staff to do their jobs safely and well. The Trust has agreed that some of this essential training is mandatory for all or some specific staff groups. Its purpose is to promote and maintain the health, safety and security of everyone within the organisation and those who come into contact with it.

2. **Purpose**

   Corporate training programmes are planned over a 12-month period with capacity for each member of staff to receive the appropriate training. There are no additional resources to provide extra sessions for those staff that fail to attend as planned. Poor uptake and compliance in any one reporting period, increases the risk of failure to achieve Trust targets as well as causing a potential risk of harm to patients, visitors or staff. Therefore, the compliance pathway must be as robust as the delivery pathway.

   The aim of this policy is to describe the delivery and compliance processes for ensuring:

   - All new employees receive a comprehensive, relevant and timely induction programme that will welcome them into the Trust and introduce them to their respective departments.
   - All new staff receive relevant mandatory training as part of their induction programme.
   - All new staff receive relevant local induction training as part of their induction programme.
   - All staff receive mandatory training updates that are relevant, appropriate and timely.

3. **Definitions**

   This section defines training terms used to describe training and development interventions.

   **Corporate Welcome** A ½ day programme to help people new to an organisation, or transferred from another part of it, to get to know the organisation, what it expects of them and how they will be supported to do a good job.
Local Induction  A local orientation/induction programme to help post holders become familiar with new surroundings, colleagues and ways of working to ensure they are competent and confident to carry out the duties of their post.

Statutory Training  This is the training that the Trust is legally required to provide as defined in law or where a statutory body has instructed organisations to provide training on the basis of legislation. For example, fire safety training is required by statute: Regulatory Reform Order 2005.

Mandatory Training  This is the training requirement that has been determined by the Trust. Mandatory training is concerned with minimising risk, providing assurance against policies and ensuring the Trust meets external standards.

Risk Management Training  This term refers to the training specified by the NHSLA and covers topics under statutory and mandatory training.

Course directory  A directory detailing the aims and objectives of each type of training and how long the session lasts. A list of training dates is published annually on the Training and Medical Education intranet sites to remind managers and staff to book themselves on to appropriate classroom programmes or to refresh their learning via e learning.

Delivery of training modules  This training is delivered either as a stand-alone programme, grouped with other modules or as part of a programme or as e learning. Training is delivered off-job in training rooms whilst e learning may be accessed either in the on-site libraries, the workplace or remotely from home.

4. Responsibilities - Committees

4.1 Trust Board
The Trust Board will set targets of training attendance compliance for statutory training on an annual basis as part of the Trust Business Plan.

The Trust Board will note quarterly reports on Corporate Welcome and Mandatory Training attendance compliance (as part of the performance scorecard) as well as exception reports where there are risk alerts concerning non-compliance and/or insufficient resources to deliver the Mandatory Training Plan escalated by Integrated Risk and Governance Committee

4.2 Integrated Risk and Governance Committee (IRGC)
IRGC will review exception reports and risks concerning non-compliance of mandatory training and lack of capacity to deliver training that have been escalated by the Workforce Governance and Risk Group, to determine how best to manage and mitigate the risk.

4.3 Workforce Governance and Risk Group
This group will monitor compliance with the NHSLA criterions, CQC Outcomes, Workforce recruitment / Induction for both Permanent and Temporary Staff, Employment Checks and Clearances, Workforce Training / Appraisals as well as receiving reports from the Mandatory Training Scrutiny Group (MTSG) and Education Governance Group (EGG) and reviewing the workforce risk register.

4.4 Mandatory Training Scrutiny Group (MTSG)

The MTSG will:
- Scrutinise any training delivery plan submitted and decide if it should be awarded mandatory status. It will also consider the deselection of any existing training that has mandatory status.
- Review, discuss and make recommendations on any training issues that have been escalated that could impact on the delivery of care or patient safety.
- It will challenge, scrutinise and improve the quality of Trust mandatory training programmes.
- Report to IRGC and provide quarterly reports on training attendance as well as exception reports where there are risk alerts concerning non-compliance and/or insufficient resources to deliver the Mandatory Training Plan.

4.3 Divisional Performance Review Meetings

Review compliance with induction, mandatory training and appraisals as part of divisional performance indicators.

4.4 Clinical Policy and Practice Group (CPOP)

Consultant and SAS grade reports will be produced quarterly and go to CPoP.

5. Responsibilities - Staff

5.1 Director of Workforce

The Director of Workforce will:
- Provide a sufficient programme of training to ensure all staff are able to receive all the appropriate training as required and ensure this programme meets statutory and mandatory requirements.
- Escalate reports as required to directors and the Integrated Risk and Governance Committee / Trust Board as appropriate.
- Set and agree Training Key Performance Indicators (KPI's) within the balanced scorecard with managers and clinicians within each division in line with those agreed for the Trust as a whole by the Trust Board.

5.2 Director of Delivery

The Director of Delivery will:
- Hold managers to account during Divisional Performance Reviews.
- Performance manage those managers who consistently fail to meet compliance targets.

5.3 Associate Director of Medical Education

The Associate Director of Medical Education will provide a robust training programme for all clinical staff.

5.4 Divisional Managers and Heads of Nursing
Divisional Managers and Heads of Nursing are responsible for ensuring the following is carried out:

- Plan for staff to attend Corporate Welcome Programmes (as required) and mandatory training.
- Monitor attendance by checking training records within the Training Compliance Reports folder on the shared G drive to ensure staff have attended mandatory training according to the required attendance (i.e. every 12 months/3 years etc)
- Follow up non-attendance with the appropriate line managers and individual staff.
- Investigate reasons why staff fail to achieve the required mandatory training outlined and agree what actions need to be put in place, which may require performance management.
- Implement a local orientation programme as appropriate to the staff role, responsibilities and work area. Ensure local induction return slips are sent back to the training team to confirm that a local induction has been carried out.

### 5.5 The Line Manager

The line manager will carry out the duties of the Divisional Manager and Heads of Nursing on a day-to-day basis.

- Address any performance issues identified in the post holders work or development during the year; this includes non-attendance on mandatory training, at the time they arise.
- On receipt of a ‘Did not attend’ letter with a place booked on the next date, advise the training team if the listed date is unsuitable.
- Carry out staff appraisal and performance development plan reviews annually, this process includes a review of the staff member’s mandatory training attendance, the date training was last attended and date booked.
- Ensure that all staff undergo a local induction and return slips are sent to the training team upon completion.
- Check the G drive on a regular basis to ensure staff have attended, and where they have not ensure that staff are booked on future sessions.

### 5.6 Head of Training and Development

The Head of Training and Development will

- Work collaboratively with Training Providers, to support the design and delivery programmes for induction and mandatory training that are appropriate and relevant for specific staff groups.
- Monitor the number of mandatory programmes being delivered against training needs identified.
- Produce monthly reports for all reportable areas of mandatory training including Corporate welcome and local induction (G drive reports)
- Flag and escalate any concerns and underlying risks that affect delivery and compliance to the Integrated Risk & Governance Committee.
- Provide a Training intranet site that contains accurate and timely information including the mandatory training specification and course directory.
- Provide information, advice and guidance for Trust staff to raise their awareness of learning opportunities and enable them to review their choices.
- Book staff who fail to attend a mandatory training session on an alternative programme and notify their Line manager by letter/email, advising of this action.

### 5.7 Medical Education Manager

The Medical Education Manager will
• Set the FY1 and FY2 corporate welcome and mandatory training programme in conjunction with the Associate Director of Medical Education, the day to day running of the FY1 training programme is carried out by the Foundation Programme Co-ordinator

• Monitor attendance of all FY1 and FY2 staff on corporate welcome and mandatory training programme, where FY1 and FY2 staff fail to attend either then a letter/email will be sent by the Medical Education Manager to the staff member and their clinical tutor.

5.8 **Deputy Director of Workforce**
The Deputy Director of Workforce will

• Ensure arrangements are in place for temporary/locum staff to receive appropriate induction to perform the duties of their post as outlined within this policy and which are managed on a day-to-day basis by the Medical Staffing Manager.

• Ensure Medical Staffing book locum /agency doctors to cover gaps in medical staffing.

• NHS Professionals supply flexible workers for all other staff groups where managers request shifts to be filled to cover for a shortfall of their staff in their area.

5.9 **Medical Staffing Manager**
The Medical Staffing Manager will be responsible for monitoring the induction and mandatory training process for locums and ensuring that all new consultants details are forwarded to the training team for inclusion on the corporate welcome programme (morning session only) as well as to the Medical Education Manager to register them on the e-learning mandatory training programme for Medical staff. This also includes non training grades and locums - it has only been agreed for those who are with us for more than 6 months will go on the corporate induction, otherwise they will just do the e-learning.

5.10 **Library Services Manager**
The library services manager will

• Provide access to library resources on an equitable and flexible basis.

• Provide required level of support for learners on programmes.

5.11 **Head of Patient and Public Involvement**
The Head of Patient and Public Involvement will

• Book volunteer staff on to Corporate Welcome and Mandatory Training Modules (as appropriate) and in a timely manner.

• Provide all new volunteer staff with a local orientation programme as appropriate to their role and responsibilities and that includes as a minimum, statutory fire, health and safety training to ensure they comply with safe working practices

• Record this training at local level.

5.12 **Head of Facilities/Head of Estates**
The Head of Facilities / Estates will

• Provide Contractors with a local orientation programme as appropriate to their role and responsibilities and that includes as a minimum, statutory fire, health and safety training to ensure they comply with safe working practices

• Record this training at local level.

5.13 **Training Providers**
Training Providers will

• Remain up-to-date on mandatory training requirements for their area of expertise
• Maintain the relevant qualifications/CPD requirements to enable them to carry out their training role
• Carry out a Training Needs analysis and provide an appropriate number of Corporate programmes to meet needs of service and demand.

5.14 All Employees
All Employees will
• Take responsibility for their own development and ensure they comply with their professional body’s CPD requirements (where relevant)
• Ensure they are aware of the mandatory training requirements for their role
• Ensure their mandatory training is up-to-date before requesting further training
• Inform their line manager and the training team, as soon as is practicable, if they are unable to attend training that has been booked for them
• Schedule their annual leave so as not to coincide with training already booked
• Attend Corporate Welcome Programme as rostered and in a timely and appropriate manner. Ensure all session registers are signed.
• Book and attend all mandatory training sessions as rostered and appropriate. Ensure session registers are signed
• Access, read and understand policy and procedural documents relevant to the area of work.
• Ensure local induction checklist is kept signed and dated as appropriate and a copy sent to training team, in a timely manner.

6. Process for ensuring all staff groups attend training

6.1 Permanent Non-Medical staff

6.1.1 Corporate Welcome Programme
The Workforce Team set up all new staff on the Electronic Staff Record system (ESR) once all satisfactory clearances have been received and the start date is confirmed. They then contact the Training team to book new starters on the Corporate Welcome programme and record this process using the Recruitment checklist.

The Training team notify Line managers by e-mail of the date; time and venue of the Corporate Welcome programme and send out booking confirmations to delegates fourteen days prior to the commencement of the programme

Corporate Welcome should take place within 8 weeks of the staff members start date

6.1.2 Local Induction
All new staff should receive relevant and appropriate local induction programmes to include those areas identified on the local induction checklist. Upon completion which should be within 4 weeks of the start date, the local induction checklist should be signed and the original must be kept on file within the ward / department, a copy given to the member of staff and the tear off slip returned to the training team.

6.1.3 Mandatory Training
Each module of training may require staff to attend update training to enable them to refresh their knowledge and/or skills annually, two or three yearly. Any such requirement is specified within the Mandatory Training Specification. It is the responsibility of the individual staff member and their line managers to ensure that they have attended the
appropriate sessions and attendance should be reviewed annually as part of the appraisal and PDP process.

6.1.4 Recording attendance
Staff attending Corporate Welcome and Mandatory Training programmes are required to register their attendance using the signing in sheets provided. The signature is evidence of compliance. The signature sheets are returned to the Training Team who are responsible for transferring the data to the Oracle Learning Management System (OLM).

6.1.5 Following up non attendance
Staff booked on a training session and who do not attend, or who fail to sign the attendance sheet, or who arrive ten minutes late and are refused access, will be deemed as having not attended. The electronic staff records will display a red non – compliant status. This non attendance status is transferred onto the G drive reports for review by the line managers.

‘Did not attend’ letters are sent to line managers by the Training team when a member of staff fails to attend a training session that has been booked and not cancelled. Managers are required to investigate reasons for lack of attendance and instruct staff to improve their attendance. An audit trail detailing what further actions have been taken must be kept.

- **Corporate Welcome** - one ‘Did not attend’ letter is sent to the Line Manager.
- **Local Induction** - the 1st ‘chase’ reminder is sent 2 weeks after their start date if not before and the 2nd ‘chase’ reminder is sent 1 week after the 1st. Both are sent to the Line manager
- **Mandatory Training** - one ‘Did not attend’ letter is sent to the Line Manager, and the staff member is booked on an alternative programme at least 8 weeks later, to accommodate any off duty rota.

6.2 Foundation Year 1 & Foundation Year 2 Junior Doctors

6.2.1 Corporate Welcome Programme
The Medical Education Team set up all new FY1 & 2 starters on the Corporate Welcome programme.

6.2.2 Local Induction
All new FY1 & 2 starters should receive relevant and appropriate local induction programmes to include those areas identified on the local induction checklist.

As FY1 and FY2 starters have three 4-month attachments as part of their foundation year three local inductions should be carried out (i.e. one per attachment)

Upon completion, which should be within 1 month, the local induction checklist should be signed. The original must be kept on file by the individual and a copy returned to the Medical Education Team.

6.2.3 Mandatory Training
FY1 rolling mandatory training programme is carried out during the Foundation 1 year. It is
the responsibility of the individual staff member and their tutor to ensure that they have
attended the appropriate sessions.

FY2 rolling mandatory training programme is carried out during the Foundation 2 year. It is
the responsibility of the individual staff member and their tutor to ensure that they have
attended the appropriate sessions.

6.2.4 Recording attendance

FY1 and FY2 starters attending Induction and Mandatory Training programmes are
required to register their attendance using the signing in sheets provided. The signature
sheets are returned to the Medical Education Team who are responsible for transferring
the data to a local database.

6.2.5 Following up non attendance

FY1 & FY2 staff booked on a training session who do not attend, who fail to sign the
attendance sheet, or who arrive ten minutes late and are refused access will be deemed
as having not attended. Following non attendance a letter is sent to the individual and an
email is sent to the Tutor.

If an FY1 or 2 misses induction they are told about the online materials available at
http://www.westherstraining.co.uk/Mandatory_training/index.htm
Completion of these modules is monitored on the Medical Education database.

For Local Induction non attendance the individual’s tutor is informed to ensure the FY1 &
2s send the local induction sheet back.

The Local Inductions are reviewed at the review board (held three times a year, once per
rotation)

The Foundation School reports (again at the end of rotation) also require the Trust to
record who has had a local induction or not. This is then monitored on Deanery inspection
Visits.

6.3 Consultants/Associate Specialists - Permanent

6.3.1 Corporate Welcome Programme
The Medical Staffing Manager, once all satisfactory clearances have been received and
the start date is confirmed, will contact the Training team to book new starters on the
Corporate Welcome programme (morning session only).

The Training team notify Consultants / Assoc. Spec. and send out booking confirmations to
delegates fourteen days prior to the commencement of the programme

6.3.2 Local Induction
All new Consultants / Assoc. Spec should receive relevant and appropriate local induction
programmes to include those areas identified on the local induction checklist.

Upon completion, which should be within 4 weeks of the start date, the local induction
checklist should be signed, the original must be kept on file, a copy given to the member of
staff, and the tear off slip returned to the Training team.
6.3.3 Mandatory Training
Each module of training may require Consultant / Assoc. Spec. staff to attend update training to enable them to refresh their knowledge and/or skills annually, two or three yearly. Any such requirement is specified within the Mandatory Training Specification. It is the responsibility of the individual staff member to ensure that they have attended the appropriate sessions and attendance should be reviewed annually as part of the Consultant / Assoc. Spec. appraisal process.

Consultant / Assoc. Spec. mandatory training will in the majority be provided through e-learning.
Online materials are available at http://www.westhertstraining.co.uk/Mandatory_training/index.htm
Completion of these modules is monitored via the Medical Education database.

6.3.4 Recording attendance
Staff attending Corporate Welcome and Mandatory Training programmes are required to register their attendance using the signing in sheets provided. The signature is evidence of compliance.

For e-learning programmes, attendance is recorded as part of the successful completion of the e-learning programme.

6.3.5 Following up non attendance
For Corporate Welcome, a ‘Did not attend’ letter/email is sent to the Medical Staffing Manager

For Local Induction the 1st ‘chase’ reminder is sent 2 weeks after their start date if not before and the 2nd ‘chase’ reminder is sent 1 week after the 1st, both are sent to their Manager / Medical Staffing Manager.

For Mandatory Training see Appendix 7

The above process will be managed and monitored by the Training Team and Medical Education Team.

6.4 Temporary Staff – All staff groups except Medical staff
There are three types of temporary nursing and admin staff, all of which have a slightly different welcome programme:

Bank Staff Substantive
Bank Staff substantive are those staff who are normally employed by the Trust but who are working additional bank shifts (via NHS Professionals) in addition to their normal working shifts

Bank Only Staff
Bank Staff are a pooled staffing resource managed by NHS Professionals.

Agency Temporary Staff
These are temporary staff employed directly from an external agency via NHS Professionals
6.4.1 Corporate Welcome Programme

Bank Staff Substantive
All substantive bank staff will have undertaken Corporate Welcome when they started normal employment with the Trust. Any existing staff undertaking additional shifts will not be required to undertake the Corporate Welcome programme if it was previously undertaken.

Bank Only Staff
Bank only staff are not required to attend the Corporate Welcome programme.

Agency Temporary Staff
Agency Bank Staff do not attend Corporate Welcome.

6.4.2 Local Induction

For all non medical temporary staff, a local induction should be carried out on commencement of the shift unless the member of staff has already worked a bank shift in the same location within the last 365 days.

NHS Professionals will monitor compliance with local induction and let the Trust have a report detailing compliance on a quarterly basis.

6.4.3 Mandatory Training

Bank Staff Substantive
All these staff will attend mandatory training as part of their normal employment.

Bank Only Staff
Bank Only Staff are not employed by the Trust and will complete their mandatory training via NHS Professionals.

Agency Temporary Staff
These workers are not required to attend mandatory training.

6.4.4 Recording attendance
The Training Team will record the attendance of both Bank Substantive and Bank Only staff on Corporate Welcome and substantive Bank staff at mandatory training.

6.4.5 Following up non attendance
For corporate welcome and mandatory training for substantive bank staff see section 6.1.5

NHS Professionals will monitor compliance with local induction and let the Trust have a report detailing compliance bi monthly. A bi-monthly report on compliance will be provided to the Workforce Governance & Risk Group.

6.5 Temporary Staff – Medical Staff / Locums

There are two types of temporary locum staff - NHS Locums employed directly by the Trust, and Agency Locums.
6.5.1 Corporate Welcome Programme

NHS & Agency Locums
NHS & Agency Locums do not receive a Corporate Welcome unless they are employed in a longer term locum position; in which case they will undertake the e-learning Corporate Welcome available at http://www.westhertstraining.co.uk/Mandatory_training/index.htm
The link to the website will be included in their offer letter.

6.5.2 Local Induction

For all NHS / Agency Locums, a local induction should be carried out on commencement of the shift. If the member of staff has already worked a shift in the same location and signed their booklet then a new local induction is not required.

All NHS/Agency staff are required to keep their local induction booklet with them which contains important Trust information and all trust locations. Once a local induction has been carried out in any one location and is signed off, it is not required to be repeated. The staff member is responsible for keeping this booklet with them at all times.

6.5.3 Mandatory Training

NHS Locums
Longer term NHS Locums will undertake the e-learning mandatory training programme available at http://www.westhertstraining.co.uk/Mandatory_training/index.htm
The link to the website will be included in their offer letter.

Short term NHS & Agency Locums do not receive mandatory training.

6.5.4 Recording attendance

E-learning programmes attendance is recorded as part of the successful completion of the e-learning programme.

6.5.5 Following up non attendance

NHS Locums
For longer term NHS locums non completion of corporate welcome and mandatory training will be followed up by the Medical Staffing Team.

NHS Agency & NHS Locums
Local induction completion will be randomly audited by the Medical Staffing team. A selection of staff will be chosen at random on a monthly basis and their local induction booklets checked against the wards / departments where they have undertaken locum shifts. If staff have undertaken a locum shift on a specific ward but have not been signed off as undertaking a local induction then the agency will be informed to ensure that the next time they attend the local induction booklet is completed.

On completion of the temporary staff local induction checklist the inductee must keep the original pamphlet with them.
On a monthly basis an audit of temporary staff will take place, 1 locum per specialty (where booked) will be chosen at random from the Locum expenditure sheets in Medical Staffing noting their current locum shift location, the Medical Staffing Assistant will then visit the staff member on location and review their completed local induction pamphlet against the locations in which the locum has been working.

Continued failures to complete local inductions will lead to a suspension of shifts being offered to the locum.

Copies of the locum induction checklist will be kept on file in Medical Staffing for evidence of the audit taking place. A bi-monthly report on compliance will be provided to the Workforce Governance & Risk Group

7. Monitoring Compliance and Effectiveness

7.1 Training Reports

Corporate Welcome
Trust induction compliance forms part of the mandatory training compliance reports. These reports identify the number of staff having undertaken Corporate Welcome and whether this was within the first 8 weeks of employment — (See Training Reports Monitoring Compliance Table)

Local Induction (Permanent Staff)
Local induction compliance forms part of the mandatory training compliance reports. These reports identify the number of staff having undertaken a local induction within the first 4 weeks of employment – (See Training Reports Monitoring Compliance Table)

Mandatory Training
Mandatory training compliance forms part of the mandatory training compliance reports.

This report can be found on the Trust’s general drive G/Human Resources/Training and Development/Training Compliance Reports. Managers need to obtain access by completing a ‘Change to access’ request form available from the IT helpdesk.

(See Training Reports Monitoring Compliance Table)

Local Induction (Temporary Medical Staff / Locums)
On completion of the temporary staff local induction checklist the inductee must keep the original pamphlet with them.

On a monthly basis, an audit of temporary staff will take place - 1 locum per specialty (where booked) will be chosen at random from the Locum expenditure sheets in Medical Staffing noting their current locum shift location, the Medical Staffing Assistant will then visit the staff member on location and review their completed local induction pamphlet against the locations in which the locum has been working.

Continued failures to complete local inductions will lead to a suspension of shifts being offered to the locum.

Copies of the locum induction checklist will be kept on file in Medical Staffing for evidence of the Audit taking place. A bi-monthly report on compliance will be provided to the Workforce Governance & Risk Group
Local Induction (NHSP)
NHS Professional will monitor compliance with local induction and let the Trust have a report detailing compliance bi-monthly. A bi-monthly report on compliance will be provided to the Workforce Governance & Risk Group.

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<td>Bi-Monthly</td>
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7.2 **Action to be taken in the event of persistent non attendance**

Persistent non attendance is defined as the following:
- Any staff member whose mandatory training has lapsed for a period of 12 months or more
- Any member of staff who has been re-booked onto a course 3 times and failed to attend

On a quarterly basis these staff will be identified and reports sent to Divisional Managers, Heads of Nursing and Clinical Directors as well as the actions outlined in 7.2.1 and 7.2.2.

If the staff member fails to attend a session within the next quarter then the division have a financial penalty imposed.

7.2.1 **Non-medical staff**

Low compliance figures will be logged as a risk on the Workforce Risk Tracker and discussed at Workforce Risk and Governance Group and Snr. HR meetings to agree actions.

Training reports will be provided to HR Managers who will be responsible for agreeing actions as part of Divisional Board Meetings.

7.2.2 **Consultant and Associate Specialist grades.**

Quarterly reports will be sent to CPoP detailing compliance totals by Specialty for Consultant and SAS grade medical staff. Divisional Directors will be responsible for monitoring compliance and following up persistent non-attendance.

The Medical Director will send ‘CEA, Revalidation & Mandatory training’ letters to remind individuals that mandatory training compliance is a pre-requisite for being considered for a local CEA award or for a salary progression award.
7.3 **Quality of Delivery Audit**

The Head of Training and Development will carry out quarterly reviews to evaluate how well local induction has helped post holders to familiarise themselves with their new surroundings, colleagues and ways of working and how confident they feel to carry out the duties of their post.

Evaluation reports will be reviewed by the Workforce Governance and Risk Group.

8. **Induction Checklists / Booklet**

- The standard templates include examples of topics and local procedures to be covered when new staff join a department or move in to a new post.
- The lists are not exhaustive and should be personalised according to the requirements of the department/ward area ensuring all areas are relevant and appropriate. Any item that does not apply should be clearly marked ‘not applicable’.
- As each item is discussed, both the person providing the information and the member of staff should sign it off.
- Once complete, which should be within one month of start date, the checklist should be signed, the original kept on file within the ward / department, a copy given to the member of staff and the tear off slip returned to either the Training department.
- The induction booklet is used by temporary who are responsible for ensuring they undertake a local induction on commencing a bank/locum shift on a new ward that they have not previously worked on. The booklet is the responsibility of the temporary staff member and should be available at all times.

8.1 **Managers new to post**

All new managers and supervisors including those promoted into a new management role should, in addition to the above, receive additional induction training appropriate to their role and responsibilities.

9. **Cancellation of training sessions**

- Training Providers should arrange alternative cover when they are not able to deliver training sessions as agreed.
- Sessions should only be cancelled when no alternative cover can be found and where a minimum of four weeks notice has been given of the intention to cancel.
- Unforeseen circumstances or sickness on the day of delivery will be treated as exceptions.
- All cancelled sessions will be recorded and monitored on a quarterly basis through the various forums.

10. **Training course content review**

- Training session aims and content must be reviewed and amended as changes occur within policy and legislation.
- Evaluation forms must be used to gauge feedback and to critically appraise if training delivered actually makes an impact on an individual’s performance back in the workplace.

11. **Adding new Training Courses**
The training and development department needs to be informed of all new training being planned. Any new training proposals need to be submitted to and reviewed by the Mandatory Training Scrutiny Group.

11.1 Describing and documenting training needs within a policy document

Detail exactly who needs to be trained on what (refer to standards within NHSLA/CQC/HSE/DoH)

Consider current practice i.e. how does the Trust currently ensure that staff are able to carry out this process?

Describe the process:-
- Which staff groups are currently involved in this process? Are they the right people? Do other staff groups need to be involved?
- How do they gain the knowledge and skills to be competent to practice i.e. within the workplace through supervised practice or through classroom learning or a combination of both?
- Do they need to undertake a summative assessment by a qualified mentor who validates their competence to practice or is it enough to say they should receive training by an approved person?
- How often do they need to be trained and/or assessed?
- Do these competencies/training need to be recorded?
- Are these records audited and by whom?

If training is to be considered mandatory or statutory then a Training Needs Analysis needs to be submitted to the Mandatory Training Scrutiny Panel and to the Head of Training & Development. Once the training is approved, you are in a position to start delivering the training delivery plan.

12. References

- Risk Management Strategy
- Care Quality Commission Guidance
- RSM Tenon Internal Audit Report – Mandatory Training 2010
- Implementation of an Electronic Learning Strategy into the organization Jan2010
- Training Department Delivery Plan
- EofE SHA - Quality assurance Framework and Plan
- NHS Litigation Authority Standards for Trusts
- Agenda for Change Terms & Conditions
- Staff Nurse Preceptorship and Development Programme
- Lifelong Learning Policy
- Performance Management Policy
- 2009/10 Planning and Performance Development Document
- LOCUM Procedures 2009
- Recruitment selection procedures 2010
- Practice Education Facilitator (PEF) role review briefing paper and action plan
Appendix 1 Management Induction Checklist

<table>
<thead>
<tr>
<th>Name</th>
<th>Post Title</th>
<th>Department and site</th>
<th>Directorate</th>
<th>Date of Appointment and start date if different</th>
<th>Name of Line Manager</th>
</tr>
</thead>
</table>

This checklist is to ensure that all aspects of your induction are covered in a timely and effective manner. As each item 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 item does not apply to your post please mark N.A. If you feel that any area has been missed and you require further information, please bring it to the attention of your line manager. Once the induction is completed, which should be within one month of start date, you and your line manager (or equivalent) should sign the checklist, your line manager should place a copy in your personal file and a copy will be given to you for your own records.

The tear off slip should be forwarded to Training Department as evidence of completion and in accordance with Trust Induction and Mandatory Training Policy.

<table>
<thead>
<tr>
<th>The list below represents examples of topics to be covered in this section. It is not an exhaustive list and will be amended as required to reflect organisational requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruitment</td>
</tr>
<tr>
<td>▪ Formulate job descriptions with KSF outlines and person specifications</td>
</tr>
<tr>
<td>▪ Compile job adverts</td>
</tr>
<tr>
<td>▪ Carry out interviews</td>
</tr>
<tr>
<td>▪ Shortlist</td>
</tr>
<tr>
<td>▪ Make an offer of employment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training</th>
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</thead>
<tbody>
<tr>
<td>▪ Identify training needs</td>
</tr>
<tr>
<td>▪ Implement appraisal and final gateway reviews</td>
</tr>
<tr>
<td>▪ Agree Personal Development Plans with individuals</td>
</tr>
<tr>
<td>▪ Implement induction and foundation gateway programmes</td>
</tr>
<tr>
<td>▪ Monitor attendance on mandatory training updates</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Line Manager</th>
<th>Date</th>
<th>Signature of employee</th>
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</tbody>
</table>
The list below represents examples of topics to be covered in this section. It is not an exhaustive list and will be amended as required to reflect organisational requirements.

<table>
<thead>
<tr>
<th>Plan, allocate and supervise the work of the team</th>
<th>Signature of Line Manager</th>
<th>Date</th>
<th>Signature of employee</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Plan and prioritise own work</td>
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<tr>
<td>▪ Monitor team or individual day-to-day work</td>
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<tr>
<td>▪ Review objectives and targets</td>
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<tr>
<td>▪ Ensure quality and user requirements are met</td>
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<tr>
<td>▪ Recognise achievement</td>
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<tr>
<td>▪ Solve problems</td>
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<tr>
<td>▪ Make decisions</td>
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</table>

Performance management

| ▪ Carry out suspension                           |                           |      |                       |      |
| ▪ Carry out investigation                       |                           |      |                       |      |
| ▪ Conduct interviews                            |                           |      |                       |      |
| ▪ Issue warnings                                 |                           |      |                       |      |
| ▪ Handle appeals                                 |                           |      |                       |      |
| ▪ Handle grievances                              |                           |      |                       |      |

HR administration

| ▪ Record annual leave                            |                           |      |                       |      |
| ▪ Record sickness and absence                    |                           |      |                       |      |
| ▪ Carry out exit interviews                      |                           |      |                       |      |

Communication skills

| ▪ Establish and understand customers’ needs and expectations |                           |      |                       |      |
| ▪ Recognise and acknowledge the customer as an individual |                           |      |                       |      |
| ▪ Identify customer requirements                   |                           |      |                       |      |
| ▪ Empower staff to give                             |                           |      |                       |      |
The list below represents examples of topics to be covered in this section. It is not an exhaustive list and will be amended as required to reflect organisational requirements

<table>
<thead>
<tr>
<th>Customer satisfaction</th>
<th>Signature of Line Manager</th>
<th>Date</th>
<th>Signature of employee</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Monitor customer care practices</td>
<td></td>
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<tr>
<td>- Establish rapport with customers</td>
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<tr>
<td>- Establish levels of satisfaction through</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>- Observation</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>- Conversation</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>- Questionnaires</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>- Patient panels</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>- Patient survey and audit</td>
<td></td>
<td></td>
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<tr>
<td>- Handle customer compliments and complaints</td>
<td></td>
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</tr>
<tr>
<td>- Take action to improve Customer satisfaction</td>
<td></td>
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</tbody>
</table>

Interpret and establish operational procedures

| - Implement policies for own work area | | | |
| - Propose changes to working practices or procedures for own work area | | | |
| - Propose policy or service changes which impact beyond own area of activity | | | |

Budgets and forecasts

| - Analyse historical information – past experience, trends, service objectives | | | |
| - Work collaboratively to gather information | | | |
| - Write a business plan | | | |
| - Identify capital expenditure requirements and cost pressures | | | |
| - Forecast revenue expectations | | | |
The list below represents examples of topics to be covered in this section. It is not an exhaustive list and will be amended as required to reflect organisational requirements.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Signature of Line Manager</th>
<th>Date</th>
<th>Signature of employee</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Forecast costs</td>
<td></td>
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<tr>
<td>- Prepare support materials</td>
<td></td>
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<tr>
<td>- Make and present recommendations on financial resources</td>
<td></td>
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<tr>
<td><strong>Interpret and control financial information and procedures</strong></td>
<td></td>
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<tr>
<td>- Plan and schedule how agreed budget will be used</td>
<td></td>
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<tr>
<td>- Review budget and identify actual or potential deviations and recommend corrective action</td>
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<tr>
<td>- Review service level agreements</td>
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<tr>
<td>- Interpret budget statements</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>- Control and manage revenue generation procedures</td>
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<tr>
<td>- Review the financial appraisal</td>
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<tr>
<td><strong>Purchasing and commissioning</strong></td>
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<tr>
<td>- Negotiate and agree the requirements for specific services/products/equipment</td>
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<tr>
<td>- Plan and document a procurement programme</td>
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<tr>
<td>- Recommend and agree a contract</td>
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<tr>
<td>- Coordinate and manage the negotiating, wording and monitoring of contracts.</td>
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<tr>
<td>- Support suppliers to deliver an effective service</td>
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<tr>
<td>- Ensure the provision of</td>
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</tbody>
</table>
The list below represents examples of topics to be covered in this section. It is not an exhaustive list and will be amended as required to reflect organisational requirements

<table>
<thead>
<tr>
<th>Supplies/equipment etc</th>
<th>Signature of Line Manager</th>
<th>Date</th>
<th>Signature of employee</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>are effectively monitored against specification materials</td>
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<td></td>
</tr>
<tr>
<td>Identify capital expenditure requirements</td>
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</tbody>
</table>

Prioritise and manage the ongoing work of services and/or projects

- Enable people delivering service to understand their role in relation to others
- Provide advice and support on priorities, risks and issues
- Monitor the delivery of the service against plans
- Address issues taking account of relevant factors
- Gain feedback on how to improve service delivery
- Provide feedback to project manager on ineffective or inefficient aspects of delivery.

Operating expenses

- Deal with delivery, issuing, and storage of stock
- Calculate stock
- Establish security procedures
- Identify and resolve potential sources of loss
- Control energy usage
- Monitor buildings and equipment

Wage control
The list below represents examples of topics to be covered in this section. It is not an exhaustive list and will be amended as required to reflect organisational requirements.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Signature of Line Manager</th>
<th>Date</th>
<th>Signature of employee</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Plan rosters against business needs</td>
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<tr>
<td>Plan protected time for study leave</td>
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<tr>
<td>Plan back-fill to support study leave</td>
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<tr>
<td>Calculate wage costs</td>
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<td></td>
</tr>
<tr>
<td>Identify and effect wage cost improvements</td>
<td></td>
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<tr>
<td>Administer time sheets</td>
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</table>

**Risk, health and safety**

- Carry out general safety and risk assessments
- Identify hazards and respond appropriately
- Conduct workplace inspections
- Apply the reporting procedures for accidents, hazards and dangerous occurrences
- Comply with first aid regulations
- Formulate and implement safe working practices for
  - Dangerous machinery
  - COSHH
  - Protective clothing
  - Manual handling
  - Visual display units
  - Portable electrical appliances
  - Disposal of waste
  - Mandatory inspections HSE and NHSLA
- Monitor and record training of staff

**Fire safety**

- Understand fire alarm
The list below represents examples of topics to be covered in this section. It is not an exhaustive list and will be amended as required to reflect organisational requirements.

<table>
<thead>
<tr>
<th>System</th>
<th>Signature of Line Manager</th>
<th>Date</th>
<th>Signature of employee</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand responsibilities in the event of a fire</td>
<td></td>
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<tr>
<td>Train staff in local fire procedures</td>
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<tr>
<td>Record training</td>
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</tbody>
</table>

Infection control

- Comply with infection control policy and procedures
- Understand due diligence
- Observe personal hygiene practices
- Give hand washing training to staff
Please return this slip to the Training department upon completion of local induction checklist

I have carried out a local induction programme that has been relevant and appropriate to the employee named above.
I will ensure the above named employee attends any further instruction, training and coaching sessions that form part of the induction programme.

Staff members name ……………………………………………………………………………………
Staff Signature…………………………………………………Date……………………………..
Department name…………………………………………………………………………………..
Job title………………………………………………………………………………………………
Start date…………………………………………………………………………………………….
Date corporate Induction completed. ……………………………………………………………
Date local induction completed. ………………………………………………………………..
Managers name…………………………………………………………………………………..
Signature……………………………………………………………………………………………. Date……………………………..
## Appendix 2 Welcome to your workplace checklist

**Department**  
**Directorate**  
**Date of Appointment and start date if different**  
**Name of Line Manager**

All new staff on joining a department or moving to a new post should receive a local induction to assist them to become familiar with new surroundings, colleagues and ways of working and ensure they are competent and confident to carry out the duties of their post. The Passport to Practice should be used to support this process. It details a list of generic tasks including local, mandatory and policy requirements for the work area. The lists are not exhaustive and should be personalised according to the requirements of the department/ward to ensure staff receive an Induction that is relevant and appropriate for them. As each item is discussed the Line Manager should tick it off as competent, sign and date it. If any item does not apply to the post, then ‘not applicable’ should be written alongside the task. Post holders should only sign and date when they believe they are competent to practice.

Once completed, which must be within four weeks of start date, the line manager should check all items have been covered, signed and dated. A copy should be given to the post holder and the original filed in the personal records within the department as evidence of completion and as part of the Trust’s monitoring and compliance arrangements.

<table>
<thead>
<tr>
<th><strong>FAMILIARISATION WITH WARD/DEPARTMENT</strong></th>
<th><strong>Signature of Line Manager</strong></th>
<th><strong>Date</strong></th>
<th><strong>Post Holder signature</strong></th>
<th><strong>Date</strong></th>
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<tbody>
<tr>
<td>Within first day, your Manager should</td>
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<tr>
<td>Ask you for evidence of identity (on ward/departments)</td>
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<tr>
<td>Introduce you to work colleagues</td>
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<tr>
<td>Show you all areas relevant to post including catering and washroom facilities</td>
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<tr>
<td>Explain how and where to go to obtain security pass, identity cards, keys, name badges, access codes etc</td>
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<tr>
<td>Explain how to apply for a car parking permit</td>
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<tr>
<td>Confirm the hours of work and shift patterns (where applicable)</td>
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<tr>
<td>Explain “On Call” and bleep arrangements</td>
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<tr>
<td><strong>INFORMATION TECHNOLOGY</strong></td>
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</tr>
<tr>
<td>Complete system access request form</td>
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<tr>
<td>Complete IT Training Needs Analysis Form</td>
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<tr>
<td>Read Trust IT code of conduct</td>
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<tr>
<td>Obtain network logon</td>
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<tr>
<td>Apply for password to access e-learning</td>
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<tr>
<td>Job description – within first week</td>
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<tr>
<td>Provide a copy of the job description</td>
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</tr>
<tr>
<td>FAMILIARISATION WITH WARD/DEPARTMENT</td>
<td>Signature of Line Manager</td>
<td>Date</td>
<td>Post Holder signature</td>
<td>Date</td>
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<tr>
<td>Explain what is the purpose of the service and how it is structured i.e. who reports to whom.</td>
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<tr>
<td>Explain what the specific duties and responsibilities of the post are</td>
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<tr>
<td>Explain what is expected of the post holder and the limitations of the post</td>
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</tbody>
</table>

**SICKNESS/ABSENCE – within first week**

| Explain what to do if you are absent from work either due to sickness or other reason |                           |      |                      |      |
| Explain what to do when you return to work after being absent due to sickness or other reason |                           |      |                      |      |
| Explain what the purpose of the Occupational Health Team is for and when they are likely to be referred |                           |      |                      |      |

**HOLIDAYS – within first week**

| Explain what your annual leave entitlement is |                           |      |                      |      |
| Explain what the process is for booking annual leave |                           |      |                      |      |

Fire safety procedures and assembly points must be explained within first day

- Awareness of fire exit routes
- Positioning of fire fighting equipment in work area
- How to raise the alarm
- Emergency telephone numbers
- Evacuation procedures including use of ski pads where applicable

Health and safety procedures: The duties and dangers connected with the task must be explained within first week

- Security
- Waste disposal
- VDU regulations
- Hazard areas
- COSHH
- Slips, trips & falls
- Risk assessments and safe working procedures
- Infection control procedures: The duties and dangers connected with the task must be explained within first week
- Hand hygiene and standard precautions procedures
- Infection prevention and control

Reporting adverse events incidents, errors and near misses: An explanation of how to report must be provided within first week

- Location of incident forms
- Completing the forms
- Reporting arrangements
FAMILIARISATION WITH WARD/DEPARTMENT | Signature of Line Manager | Date | Post Holder signature | Date
--- | --- | --- | --- | ---
Arrangements for Post Holder's safety and wellbeing: The duties and dangers connected with the task must be explained within first week
Lone working arrangements
Assessing and minimising the risk of violence, harassment and bullying within the work environment
Raising concerns
You are responsible for ensuring that you have read and understood all policy and procedures relevant to your post and work area within 6-months of commencement

| POLICIES AND PROCEDURES | Post holder signature | Date |
--- | --- | ---
Annual leave guidelines
Blood Handling Policy
Bullying and Harassment Policy
Child Protection Policy
Corporate Records Management Policy
Data Protection & Confidentiality
Disciplinary Policy & Procedures
Equal Opportunities Policy
Fire Safety Policy
First Aid Policy
Food Hygiene Policy
Gifts & Hospitality Policy
Grievance Policy & Procedures
Health & Safety Policy
Incident Reporting Policy
Induction and Mandatory Training Policy
Infection Control Policy
Information Technology Code of Conduct
Lifelong Learning Policy
Lone Workers Policy
Managing Sickness and Absence Policy
Managing Violence at Work Policy
Medicines Management Policy
Moving & Handling Policy
Near Patient Testing Policy
Performance Management Policy & procedures
Professional Dress Code and Uniform Policy
Raising Concerns Policy
Removable Media Policy
Resuscitation Policy
Risk Management Policy
Safe Haven Policy
Safeguarding Adults from Abuse Policy
Security Policy
Staff Support Guide
<table>
<thead>
<tr>
<th>Policy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust Bleep Policy</td>
<td></td>
</tr>
<tr>
<td>Trust Communication Guide</td>
<td></td>
</tr>
<tr>
<td>Waste Policy</td>
<td></td>
</tr>
<tr>
<td>Working Time Directive Policy</td>
<td></td>
</tr>
</tbody>
</table>
Please return this slip to the Training department upon completion of local induction checklist

<table>
<thead>
<tr>
<th>Please return to Training department upon completion of local induction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff member’s name</td>
</tr>
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<td>Staff Signature Date</td>
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<tr>
<td>Department name.</td>
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<tr>
<td>Job title</td>
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<tr>
<td>Start date</td>
</tr>
<tr>
<td>Date corporate induction completed</td>
</tr>
<tr>
<td>Date local induction completed</td>
</tr>
<tr>
<td>Manager’s name</td>
</tr>
<tr>
<td>Signature Date</td>
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</table>
Appendix 3 Temporary Staff Local Induction Booklet (Exc NHSP)

General Information

Purpose

To ensure that all new members of staff are aware of their duties and responsibilities as staff of the Trust. This booklet provides an overview of our operating procedures and how we are committed to providing the best possible care for patients.

Eligibility

This booklet is intended for all new members of staff, including temporary staff, who are joining the Trust.

Introduction

This booklet provides an overview of the Trust's policies and procedures, including induction, mandatory training, and other important information for new staff.

Some Quick Reference Telephone numbers:

- Emergency number: 2222
- A&E Reception: 7700
- Bed Manager: 7710
- Nurses' Station: 7719
- Theatre: 7722
- Pathology Labs: 7569
- Patient Affairs: 7714
- Pharmacy (Pharmacy): 7070
- IT: 7763
- CDU: 7499
- X-ray (Reception): 7620
- Ultrasound: 7229

Temporary Staff Induction Information

Name: ...........................................

Gdea: ...........................................
Welcome to West Hertfordshire Hospitals

NHS Trust

Dear Colleague,
The West Hertfordshire Hospitals NHS Trust would like to welcome you as a temporary member of staff.

The induction has been developed to provide you with the information, support and contact points you need to carry out your various duties within your role.

Once you have reported to your department, you will receive a personal induction. A member of the team will provide you with induction and ensure you are aware of the requirements of the role.

The induction should be kept with you whilst you are working at West Hertfordshire Hospitals, as spot checks will be carried out to ensure your induction has taken place.

Ross Bond
Medical Staffing Manager

Department/Unit — Date and Sign

- A&E (Ward)
- ICU
- Operating Theatres
- Anesthetics
- Accident & Emergency
- Emergency Departments
- General Surgery
- General Medicine
- General Ward
- Emergency Department
- Ward Staff
- Consultant Staff
- Clinical Support Staff
- Support Staff
- Other (please specify)

Location
- Emergency Department
- Ward Staff
- Consultant Staff
- Clinical Support Staff
- Support Staff
- Other (please specify)

Date
- August 2012
- August 2015

Sign
- Ratified by: BISE
- Date of Ratification: August 2012
- Date of Review: August 2015
Appendix 4 - Flowchart to illustrate the process for booking staff on to Corporate Welcome and Mandatory Training programme and how attendance is monitored.

1. Workforce team notifies Training team once start date is confirmed. Training team send e-mail to line manager to confirm arrangements for Corporate Welcome.

2. New staff member attends Corporate Welcome programme within 8-weeks of commencement.

3. Signature sheets are returned to Training team by training providers.

4. ‘Did not attend’ letters sent to line managers who are responsible for investigating reasons for any non-attendance.

5. Attendance data is entered onto the Oracle Learning management system (OLM).

6. Compliance figures are included within monthly workforce reports as well as being available for access by Line managers on the G-Drive.

7. Poor Compliance is reviewed at the Workforce Governance & Risk Group and exception reported to IRGC. Training reports are provided to HR Managers who will be responsible for agreeing actions as part of Divisional Board Meetings. Non-compliance of mandatory training are discussed and plans put in place to mitigate the risks.

8. Exception reports to Integrated Risk and Governance Group.
Appendix 5 Flowchart for Local Induction (Permanent Staff)

1. **Staff member appointed**
   - Attend Trust Corporate Induction

2. **Local induction checklist used to ensure a relevant and appropriate local induction is undertaken**
   - Local induction checklist completed with line manager

3. **Manager and new staff member sign form to confirm local induction has been completed within 4 weeks of commencement.**

4. **Copy of checklist kept by staff member and original retained in ward/department**

5. **Induction checklist Tear off slip returned to Training Admin. Team or Medical Education team**

6. **Monthly report produced by Training department and posted on Trust G-drive**

   - Low compliance figures are logged as a risk on the Workforce Risk Tracker and discussed at Workforce Risk and Governance Group and Snr. HR meetings to agree actions.

   - Training reports are provided to HR Managers who will be responsible for agreeing actions as part of Divisional Board Meetings. Exception reports to IRGC.
Staff member appointed

Given local induction booklet

Local induction booklet completed with line manager (or equivalent)

Manager and new staff member sign local induction booklet - has to be completed on the first working day

Staff member keeps booklet

Medical staffing will randomly audit

Quarterly report produced by Medical staffing

Compliance reviewed at Workforce Governance & Risk Group
Appendix 7 - Flowchart to illustrate how non-completion of mandatory updates is followed up for Consultants and SAS Grade Medical staff.

1. Once an e-learning module has been accessed, the competency test passed and registration process submitted, medical staff receives an electronic confirmation.

1a. They will be able to access the database to check their competency test has registered.

2. Medical Education Manager analyses this data and produces a compliance report.

3. Compliance report forwarded to Corporate Training team.

4. Attendance data is entered onto the Oracle Learning management system (OLM).

5. Training Services Manager produces a report for CPoP quarterly. The report details compliance totals by Specialty for Consultant and SAS grade medical staff. It also contains details of compliance for fire and information governance.

5a. Head of Training and Development to flag and escalate any concerns and underlying risks that affect delivery and compliance to the Workforce Governance and Risk Group to determine how best to manage and mitigate the risk.

6. Divisional Directors responsible for monitoring compliance throughout the year and following up persistent non-attendance.

7. Medical Director Sends ‘CEA, Revalidation & Mandatory training’ letters to remind individuals that mandatory training compliance is a pre-requisite for being considered for a local CEA award or for a salary progression award.
Appendix 8 Corporate Induction Programme

Day 1: Welcome
09.00  Welcome and Introduction to the Programme
09.10  Passport to Practice (P2P)
09.30  Chief Executive Welcome
10.00  The Patient Experience
10.15  Information Governance
10.45  Break
11.00  Safeguarding our Patients
12.00  Equality and Diversity
12.30  Promoting Dignity at Work and Staff Well Being
13.00  Evaluation and Close

Day 2: Mandatory Day
09.00  Non Patient Moving & Handling  OR  09.30 Safeguarding Children L2
11.00  Break
11.15  Health and Safety inc. Risk Management
12.00  Fire and Evacuation
13.15  Break
14.00  Hand Hygiene and Infection Control incl. Waste Management
15.00  Foundation Trust
15.30  Getting Better
16.00  Evaluation and Close

Day 3: Practical Day
09.00  Drug Administration
09.15  Adult Basic Life Support
10.00  Blood Glucose Monitoring
11.15  Break
11.30  Blood Handling
Day 3: ABLS Other

09.00 Adult Basic Life Support
11.00 Evaluation and Close

OR

11.30 Adult Basic Life Support
13.30 Evaluation and Close

Day 4: HCA Skills Day

09.00 Welcome Session
09.15 Swallowing and Feeding
09.45 Assisted Feeding
10.15 Break
10.30 Observations
12.00 Break
12.30 Pressure Area Care
14.00 Break
14.15 Personal Hygiene and Toileting
15.00 Continence Awareness
16.00 Evaluation and Close

Day 5: Patient Moving & Handling
09.00 - 17.00