

<b>INDUCTION POLICY</b>	<b>Type:</b> Policy <b>Register No:</b> 08079 <b>Status:</b> Public
-------------------------	---

Developed in response to:	Best Practice
CQC Fundamental Standards:	17

<b>Consulted With:</b>	<b>Post/Committee/Group:</b>	<b>Date:</b>
Workforce Advisory Group	Workforce Advisory Group	11 <sup>th</sup> June 2018
Evan Flockhart	Head of Leadership and Talent	11 <sup>th</sup> June 2018
Sue Poole	Learning and Development	11 <sup>th</sup> June 2018
Jonathan Wright	Volunteer Services Manager	11 <sup>th</sup> June 2018
Kay Gammage	Head of Medical Resources	11 <sup>th</sup> June 2018
Yasmin Rafiq	Project Lead PMO	11 <sup>th</sup> June 2018
Thea Towers	Temporary Staffing	11 <sup>th</sup> June 2018
Folashade Akerele	HR Recruitment Services	11 <sup>th</sup> June 2018
<b>Professionally Approved By:</b>		
Jennifer Canham	Head of Human Resources	27 <sup>th</sup> June 2018

Version Number	4.5
Issuing Directorate	Corporate Human Resources
Ratified by:	DRAG Chairman's Action
Ratified on:	27 <sup>th</sup> June 2018
Executive Sign Off Date	July 2018
Implementation Date	28 <sup>th</sup> June 2018
Next Review Date	May 2021
Author/Contact for Information	Evan Flockhart, Head of Leadership & Talent people & organisational development
Policy to be followed by (target staff)	All Staff
Distribution Method	Intranet & Internet
Related Trust Policies (to be read in conjunction with)	08020 Staff Retention Policy 04005 Recruitment & Selection Policy 08091 Workforce Development Plan 08092 Mandatory Training Policy (Training Needs Analysis) 09062 Mandatory Training Policy for Maternity Services

**Document Review History:**

<b>Version No:</b>	<b>Reviewed by:</b>	<b>Issue Date:</b>
1.0	Catherine Lee	25 <sup>th</sup> September 2008
1.1	Catherine Lee incorporate local induction appendices for medical staff	13 October 2008
1.2	Catherine Lee incorporate changes consistent with NHSLA inspection guidelines	14 November 08
1.3	Catherine Lee to incorporate changes that reflect Dec 08's HCC criteria for assessing core standards ( acute trusts)	05 Jan 2009
1.4	Catherine Lee to incorporate CQC and NHSLA changes	15 June 2009
1.5	Catherine Lee following audit of induction processes, and implementation of action planned changes	05 August 2011
2.0	Catherine Lee Review	25 <sup>th</sup> August 2011
2.1	Catherine Lee Updated Attachments	25 <sup>th</sup> June 2014
3.0	Catherine Lee Policy review and consultation	November 2014
4.0	Evan Flockhart – Full review	28 <sup>th</sup> June 2018
4.1	Helen Clarke – Clarification to points 4.2.1, 8.2, 9.2, Appendices A and D	5 <sup>th</sup> September 2018
4.2	Lorraine Ganney - Clarification to place appendices in full text (A to G)	22 <sup>nd</sup> March 2019
4.3	Daniel Spooner - Clarification to points 8.2.3, 8.2.4, 8.2.5, 8.2.6 & Appendix D	2 <sup>nd</sup> May 2019
4.4	Daniel Spooner – Update to Appendix D: Bank and Agency Orientation Checklist	26 <sup>th</sup> June 2019
4.5	Dean Russell, MSE Head of Temporary Staffing – Reflection of MSE Group Bank Provision and change of E-Rostering system terminology clarification to points 4.2.1, 7.2.1, 7.2.3, 7.2.8, 7.4.4, 8.2.1, 9.2.4 & Appendices A; terminology change	20 <sup>th</sup> August 2019

## **Index**

- 1. Purpose**
- 2. Background**
- 3. Scope**
- 4. Definitions**
- 5. Payment for Attendance at induction**
- 6. Legal Issues**
- 7. Duties and Roles**
- 8. Trust Induction**
- 9. Monitoring**
- 10. Review**
- 11. Communication and Implementation**
- 12. Appendices**
  - A. Induction Process Flow Chart
  - B. Induction Checklist
  - C. Induction Checklist for Doctors
  - D. MEHT Flexible Worker Orientation Checklist (May 2018)
  - E. First Attendance Orientation Pack for Medical Agency/Locum staff
  - F. First Attendance Orientation Form for Voluntary staff
  - G. Induction Meetings- Checklist for Senior Managers

## **1.0 Purpose**

- 1.1 The purpose of this policy is to define the requirements for corporate and local induction, and to describe the responsibilities of everyone involved with the induction process.
- 1.2 Induction ensures the effective integration of staff into or across the organization by ensuring all staff have a level of knowledge related to key risk factors. All staff, permanent / fixed term / temporary bank / agency and locum need an induction programme.
- Induction should be based on real work
  - It is the collective responsibility of Human Resources, Medical Resources, People and Organisational Development (PEOPLE & OD), the directorate management teams, line managers, educational and clinical supervisors and the new employee.
  - It should be based on the needs of the employee and their role.
  - It is mandatory.
- 1.3 Effective induction maximizes employee contribution and commitment, integrates the employee into the existing team, reduces employee anxiety and increases self-esteem.
- 1.4 The Trust is committed to reducing risk and a proper induction is an essential element in this. Trust managers have a duty to train staff to ensure they operate safely, and managers are liable for any failure to provide adequate on-the-job health and safety training.
- 1.5 The Trust requires all new employees to receive an effective introduction to the workplace. As a minimum, all new staff should attend the corporate induction day, and complete the requisite local/department induction within the time periods specified. Most importantly, Mid Essex Hospital Services NHS Trust values staff and requires managers and supervisors do their utmost to welcome staff to the organization.
- 1.6 The Trust is responsible for ensuring that all members of the organization are valued for their skills, aspirations, uniqueness and respect and value all the people and communities that it serves. Through the induction programme the Trust will introduce new starters to the equalities agenda and staff will be expected to attend the equality and diversity workshop

## **2.0 Background**

- 2.1 Induction is a systematic process by which individuals who are joining or changing roles within the Trust can quickly, confidently and safely become integrated into the Trust and fulfill the requirements of their new role.
- 2.2 The Trust is committed to the induction, education, training and development of its staff. It recognizes the need for a culture, which values and expects learning. This begins from the first contact an employee has with the Trust. The aim is to ensure that all staff are introduced to their new role, and integrated into the organization, in a manner that helps them become efficient and effective employees. The Trust recognizes its legal and ethical responsibilities to create and maintain a working

environment, which will ensure the welfare and health and safety of its employees, patients, people who use our services and their carers and the public.

- 2.3 Initial impressions and information count heavily in later attitudes towards the job and the Trust. Proper induction is therefore an integral part of the training process as a whole
- 2.4 The Corporate Induction programme is reviewed yearly as a minimum to ensure content keeps pace with the emerging organisational and statutory context. Content is reviewed on an ongoing basis to ensure sessions remain relevant, and represent latest best practice. Refer to Induction Checklist for minimum content (Appendix B)
- 2.5 In addition to Corporate Induction, the Trust understands the need to ensure that all staff in the Trust receive 'local' induction specific to their role and the area in which they are working. The Trust also recognizes the need to ensure that local induction methods are flexible. This ensures that staff are able to commence their duties as quickly as reasonably practicable, and complete local induction within 4 weeks of starting in post.

### **3.0 Scope**

- 3.1 This policy applies to all new employees of Mid Essex Hospital Services NHS Trust, including bank, locum and agency staff, students, volunteers and work experience individuals.
- 3.2 The policy includes statements that relate to people who have disabilities or language difficulties and HR, Learning and Development, and Managers will address these needs as necessary, and wherever possible make reasonable adjustments to accommodate the need.

### **4.0 Definitions**

#### **4.1 Induction**

- 4.1.1 Induction is the process of familiarization with the individuals working environment and job role. It is a continuous process starting from the first contact with the Trust and goes hand in hand with the Trust's basic job training, an equally important part of making the employee confident and equipped to meet the demands of a new job.
- 4.1.2 Every new employee regardless of their previous training, education and experience needs to be introduced to the work environment and to receive instruction about key relationships and organisational / directorate practices.
- 4.1.3 The induction process is split into two distinct areas, Corporate Induction and Departmental/Local Induction. The process is summarized in a flow chart (Appendix A)

#### **4.2 Staff Groups**

- 4.2.1 **Permanent Staff** - All staff who have a substantive contract (full / part time, fixed term medical and non-medical / Trust contract or those employed through Temporary Staffing with a primary assignment) must attend Corporate Induction on/near as possible to their first day of employment with the Trust. This must then be continued

within their own department following local procedures and checks (Refer to Appendices B and C). **Bank staff will follow the same process as temporary staff for the purposes of local induction**

(Refer to Appendix D - MEHT Flexible Worker Orientation Checklist (May 2018))

- 4.2.2 **Temporary Staff** - Staff employed by agencies who are working on the hospital site temporarily. All new temporary staff (i.e. agency / locums/) **must** receive a local induction within their work area at their first attendance and complete all elements listed on the first attendance orientation form for their work area.

(Refer to Appendix D - MEHT Flexible Worker Orientation Checklist (May 2018))

(Refer to Mandatory Training Policy for Maternity Services (Incorporating Training Needs Analysis; register number 09062)).

Medical locums will receive a bespoke pack containing an essential information checklist either from medical resources office or 'out of hours' from the clinical operations centre, located at A202

(Refer to Appendix E)

## 5.0 Payment for attendance at Corporate Induction

- 5.1 All employees should be paid for attending the Corporate Induction. As it may be necessary for some staff to attend induction outside of their normal contracted hours; they will need to be paid for these hours or given time off in lieu.

## 6.0 Legal Issues

- 6.1 Managers should note that the induction checklists might be used as evidence in the event of insurance claims, litigation, court cases and Employment Tribunals. In certain circumstances it may be referred to in the event of poor performance where it is necessary to prove that appropriate initial on-the-job training was provided. Therefore they must be completed correctly, accurately and legibly.

## 7.0 Duties and Roles

### 7.1 Duties

- 7.1.1 Lead Nurses, Departmental Managers (Non-medical staff), and Clinical Directors /formally delegated medical leads(Medical Staff), are accountable for ensuring that all staff within their areas attend the appropriate Corporate Induction on their first day of work or within one month of commencing in post.
- 7.1.2 Immediate Line Managers are accountable for ensuring that all non-medical staff in their directorates/departments complete local induction within four weeks of commencing in post (Appendices B). It is recognized that this may be dependent on hours of work and the areas of competence the individual undertakes: thus, staff with large areas of competence requirements or part time staff may take longer to complete pro rata.
- 7.1.3 Clinical Directors and local training leads are accountable for ensuring that medical staff complete local induction within four weeks of commencing in post (Appendix C). For doctors in training this responsibility is usually delegated to the named clinical supervisor.

## **7.2 Roles**

### **7.2.1 The HR Recruitment Services / Medical Resources team / Temporary Staffing Team**

7.2.2 Before commencement with the Trust the HR Recruitment Services team, Temporary Staffing Office (non-medical) and Medical Resources Team (medical) will ensure that the various employment checks have been completed. This checklist is placed on the individual's personal file. (Refer to the Recruitment and selection policy for further details).

7.2.3 The HR Recruitment Services team (non-medical) and Medical Resources Team (medical), and Temporary Staffing Team will ensure that all new employees are notified of a start date and corporate induction date (on/within one month of the first day of employment in the Trust). They will enter the information on the induction attendance monitoring database which is maintained on a shared access basis with named staff access. Additionally

7.2.4 The Medical Resources team will retain all copies of completed local induction checklists for permanent medical staff, and essential information checklist for locum/agency medical staff.

7.2.5 Medical Resources will maintain records of all local induction and orientation completions on their medical staff database and check for completion within one month of commencement in post.

7.2.6 Medical Resources will follow up non-completions of corporate and local induction for all medical staff on a monthly basis.

7.2.7 Medical Resources / Clinical Operations Centre (out of hours) will provide an induction pack to the agency locum electronically in advance of when they report for duty. This pack contains the essential information checklist which must be returned to medical resources/clinical operations centre on completion of first shift

7.2.8 The Temporary Staffing Team will receive completed first attendance orientation forms for each area the individual works in. This will be entered onto the Healthroster system for that member of staff to confirm that local induction has taken place. Where the individual has not completed local induction, or no confirmation received, this will be registered on the Healthroster system.

### **7.3 People and Organisational Development (People & OD)**

7.3.1 People & OD Technology Enhanced Learning (TEL) Administrators will update the individuals' attendance information on both the relevant systems

7.3.2 People & OD issues each new member of staff with essential information, including a local induction checklist. Some information is sent by email, some hard copy on arrival.

7.3.3 People & OD will track the attendance at the Corporate Induction of confirmed new starters. Where staff have not attended. People & OD issues an instruction to attend

the next available induction date, and a request to confirm by return email within one working week that this has been actioned.

- 7.3.5 People & OD in addition to HR and Line Managers, will monitor non-compliance and advise line managers accordingly where completion within 4 weeks has not been achieved.
- 7.3.6 People & OD will undertake a review of content of both corporate and local induction on a regular basis, ensuring input from all stakeholders.
- 7.3.7 People & OD will support a yearly audit of inductions is carried out and the findings and action plan reported to the Governance Performance Group, who will monitor performance and implementation of action plan.

#### 7.4 **Directorate / Named Supervisor / Line Management**

- 7.4.1 It is the line manager's responsibility to ensure their members of staff complete corporate and local induction.
- 7.4.2 In addition to Corporate Induction, all staff working in the Trust must receive a local induction, appropriate
  - to their working area and
  - to the range of skills and competences they will be required to undertake
- 7.4.3 Managers, Clinical Directors and Named Supervisors are responsible for patient, public and staff safety in their areas, and therefore are responsible for the proper induction of the employees they supervise. New employees should be introduced to all members of staff, be aware of the location of certain facilities, taken through any training process required and anything else which will aid them in their successful integration into the work place. Refer to Appendix B and G (additional for Senior Managers)
- 7.4.4 The Manager/ Named Supervisor is required to take full responsibility for the new employees attendance at Corporate Induction and subsequent completion of their local induction. Explanation should be given on the importance and benefit of induction and:
  - Ensure that Corporate Induction has been completed
  - Plan the local induction programme within the appropriate timescale.
  - Meet, discuss and agree the induction programme with the new employee.
  - Reinforce the employees responsibilities
  - Explain the managers/supervisors responsibilities to the employee.
  - Ensure staff compliance with the induction process by adhering to said policy, and responding to the checks made by People & OD.
  - Ensure that the appropriate induction checklists( Appendices B, C, D) are signed off by the relevant manager/supervisor/ member of staff, and retained within the member of staffs personal file.( For medical staff this will involve returning the checklist to medical resources). For Bank staff this will involve returning the checklist to the Temporary Staffing Team)

## 7.6 **Voluntary Services Manager**

7.6.1 The Voluntary Services Manager will keep a record of all new volunteers within the organization, and will run bespoke volunteers induction, including as a minimum the following:

- Trust induction film, general introduction and organizational structure
- Information governance
- Fire safety
- Infection prevention and hand hygiene
- Moving and handling
- BLS
- Principles of health and safety

7.6.2 Volunteers will complete a local orientation form (Appendix F) tailored to the area they are supporting. The completed forms will be kept by the voluntary services manager

## 7.7 **The Individual**

7.7.1 It is the individual's responsibility to complete the appropriate induction checklist / orientation form, to ensure all areas, relevant to their role, are covered and alert the manager where there are gaps. An individual has responsibility to attend all induction training that they are booked onto. Where written information is provided, it is the responsibility of the individual to read the material and clarify any points as necessary.

## 8.0 **Trust Induction**

### 8.1 **Permanent Staff**

8.1.1 The Trust Corporate Induction Day/s contain sessions that will enable the employee to work safely in their role to a minimum standard. The core content will reflect the Trust training needs analysis (Training Report), and include any other national/local content required (refer to induction checklist or mandatory training policy for details). It is crucial that the local induction is completed, as this covers the more specific aspects of the role to ensure that it is consistent with the Trusts vision of safe and effective patient care. Each directorate will build on the local induction template adding in the specialist components.

8.1.2 Medical Staff will complete local inductions relevant to their role, and the doctors local induction checklist is published on the relevant section of the intranet.

8.1.3 Senior Management Staff (8B and above, Executives, Directors and other non AFC consultant roles) will have an additional checklist that covers the additional meetings they should undertake commensurate with their role in the organization (Appendix G).

### 8.2 **Temporary Staff (Agency / Locum)**

(Appendices D - MEHT Flexible Worker Orientation Checklist (May 2018) and Appendix E)

(Refer to Mandatory Training Policy for Maternity Services (Incorporating Training Needs Analysis; register number 09062)

- 8.2.1 Agency and locum staff work in the Trust in a variety of ways. Some may attend to cover one shift on one occasion only. Others may be employed for a fixed period over a longer timescale and others may return to the Trust to cover shifts over a longer period of time. Due to this the ward/department first attenders/medical locum essential information form will not be as exhaustive as that used for permanent staff. It will cover the essentials. Temporary staff's first attendance must complete the staff induction form and return to medical resources (medical) or Temporary Staffing office. (Refer to point 4.2.2)
- 8.2.2 Where there are exceptions to the above process outlined in 8.2.1; the completed induction form is retained locally in a folder on the ward/office. (Refer to point 4.2.2)
- 8.2.3 Local induction procedures **MUST** be carried out with all of these personnel on commencement of their first shift/day at work. It is the responsibility of the temporary staff member to return the checklist to the appropriate office or ward manager.
- 8.2.4 Due to the variations in environment and patient groups with the organization, local records of inductions of temporary staff must be kept with the ward/unit environment. This provides assurance that the temporary worker has been orientated to the environment and an assessment of specific skills (IV administration for example) has been witnessed as in keeping with the expected standards of MEHT.
- 8.2.5 During safety huddles and nursing handover it is the responsibility of the nurse in charge to introduce them self and request that staff do the same. This ensures that any new members of staff can clearly identify the nurse in charge and colleagues that can support them in the clinical area. At this point any temporary staff must be asked if they have worked in the area before and complete a temporary worker induction checklist (Appendix D). Safety Huddle documentation must reflect these conversations.
- 8.2.6 Temporary staff that have not worked in the area for more than six months must complete an updated induction checklist to mitigate any variation in practice or process.

### 8.3 **Honorary Contract Induction/Trust Non Executives/Work Experience Students /Volunteers**

All the above groups will undertake an induction programme arranged by the Manager, geared to particular/individual aspects of their role and placement area. This also applies to staff who are here on sabbaticals / negotiated placements

## 9.0 **Monitoring**

### 9.1 **Content and delivery of Corporate Induction**

- All staff are required to complete and return an evaluation form at the end of induction. These are collated and circulated to all speakers within one working week of the induction date.
- Facilitators are expected to review feedback and make any changes that they believe are professionally necessary to improve learner engagement, quality of the delivery, the transfer of learning to the workplace, the impact of the transferred

learning in the workplace. Additionally, facilitators should maintain awareness of contemporary channels of delivery and should they require expert support in this area to contact the People & OD Team.

## **9.2 Compliance with key policy requirements**

9.2.1 People & OD monitor compliance with the policy on an ongoing basis and through yearly audit. As a minimum this will assess compliance with the processes:

- For checking all new permanent staff complete corporate induction within appropriate timescales
- For following up those permanent staff who fail to attend corporate induction
- For checking that all new permanent staff complete local induction within appropriate timescales
- For following up those permanent staff who fail to complete local induction
- For checking that all temporary staff complete local induction
- For following up those temporary staff who fail to complete local induction.

9.2.2 The outcome of the audit will be reported internally to the Associate Director of Human Resources and externally to the senior management teams, the Governance Performance Group, and Patient Safety and Quality Committee.

9.2.3 Where deficiencies are identified with the processes for corporate and local induction for permanent staff, People & OD and HR will develop actions to address these with named leads and timescales. Progress will be monitored at the Governance Performance Group.

9.2.4 Where deficiencies are identified with the processes for local induction for temporary staff, the Manager of the Temporary Staffing Team will develop actions to address these with named leads and timescales. Progress will be monitored at the Governance Performance Group.

## **10.0 Review**

10.1 This policy will be reviewed every 2 years unless earlier review is required as a result of internal or external developments

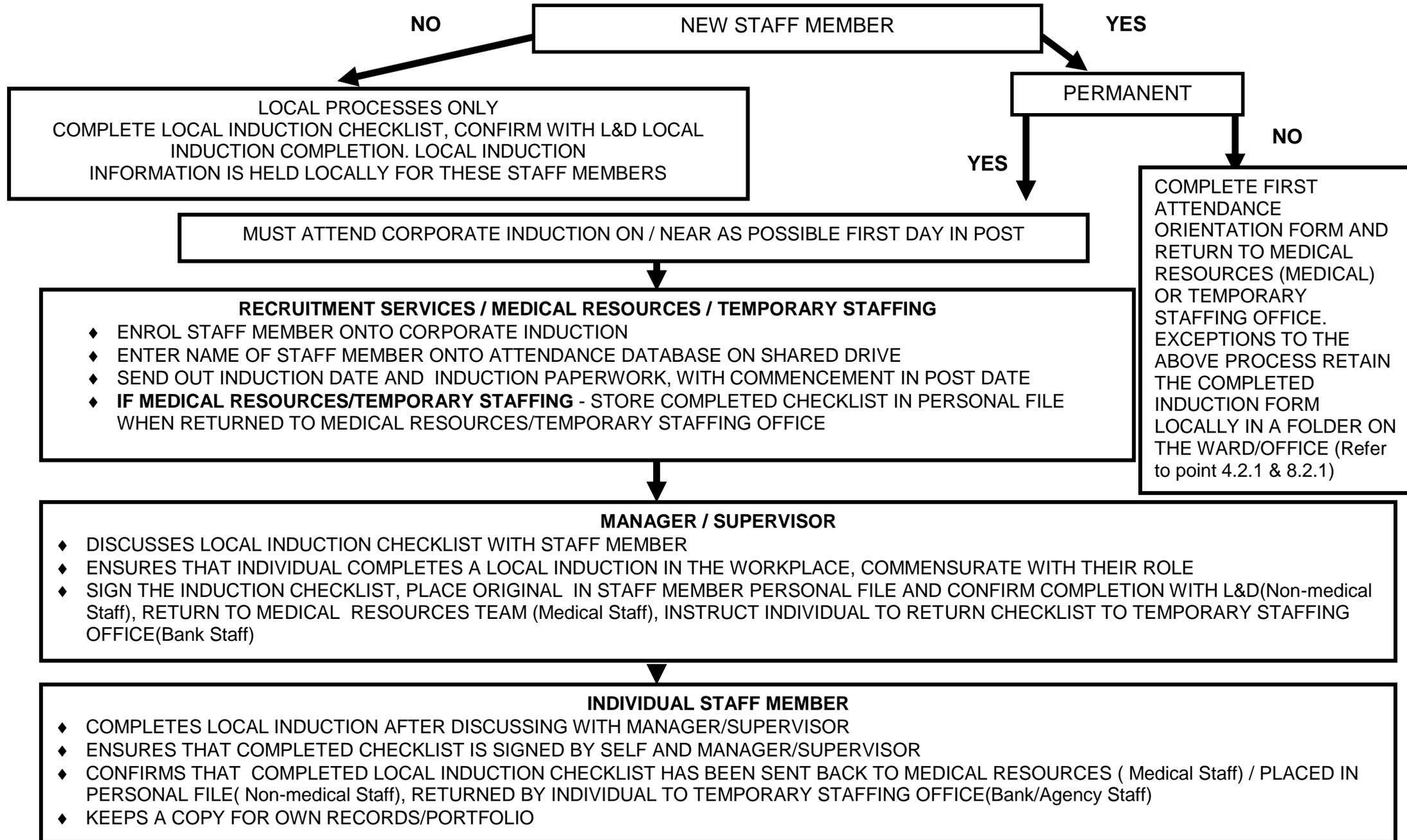
## **11.0 Communication and Implementation**

11.1 This policy will be available on the Trust Intranet and will be promoted via the staff newsletter 'focus' and sent via email to all sisters for dissemination to their staff.

## **12 Appendices**

- A. Induction Process Flow Chart
- B. Induction Checklist
- C. Induction Checklist for Doctors
- D. MEHT Flexible Worker Orientation Checklist (May 2018)
- E. First Attendance Orientation Pack for Medical Agency/Locum staff
- F. First Attendance Orientation Form for Voluntary staff
- G. Induction Meetings- Checklist for Senior Managers

**Appendix A MID ESSEX HOSPITAL SERVICES INDUCTION PROCESS FLOW CHART**



## Appendix B

### Induction Checklist for Non-medical Staff

#### WELCOME TO MID ESSEX HOSPITAL SERVICES INDUCTION CHECK LIST FOR NON-MEDICAL STAFF

*This check list has been designed to help you settle into your role at Mid Essex. Induction is one of the mandatory training requirements and is the framework supporting all other training and development. You are paid to attend Corporate Induction because the Trust is committed to ensuring that you work safely and effectively in your role. The sessions that you attend during the Corporate Induction day, and the Local Induction processes all contribute to the patient safety agenda, which is a priority for the Trust. This is in line with the Trust vision to::*

### Care, Excel, and Innovate

*During the corporate programme you will start the process by initialling those elements in Part One of your check list. Your induction will then continue in your local area. The things that you should be locating, and checking locally are in part two.. There may be more than one person who contributes to your local induction. They should initial the aspects they are responsible for once they have covered them with you. Over and above this document, there will also be department specific elements, such as equipment competencies, and any other topics that your department leads deem important.*

**The Trust is committed to ensuring that you work safely and effectively in your role.**

- Please complete this checklist within your first month of employment
- Upon completion, you and your departmental lead/ manager need to sign the declaration box below indicating that you have completed all the relevant sections. This paperwork is required by the Trust for external scrutiny and audit purposes, and should be used in conjunction with any existing curricular documentation (e.g. e-portfolio)
- You should keep a copy for your own records, and ensure that the original completed checklist is placed in your personal file.
- Completion of this checklist will be checked by Learning & Development one month after your start date.
- Compliance with these requirements is monitored by Learning & Development. A report is sent to each Directorate/area manager on a regular basis to ensure that Local Induction has been completed and evidence (this completed checklist) has been retained in your personal file

**STAFF MEMBER**

**NAME PRINTED:** ..... **SIGNED:**.....

**POST HELD:**.....

**LOCATION:**.....

**START DATE:** ..... **DATE OF COMPLETION:**.....

**Ward/Departmental lead/manager (signed to confirm that all elements have been completed and initialled by the staff member or the person delivering that aspect of induction)**

**NAME PRINTED:** .....

**SIGNATURE:** .....

**Part 1 - to be completed during corporate induction**

<b>Starting Work</b>	<b>Initialed by new member of staff Enter N/A if not appropriate to your role</b>
Receipt of essential information	
H.R. Paperwork completed	
Checklist completed for 1 <sup>st</sup> part of induction	
<b>Risk Management Information</b>	
Hand Hygiene, Infection Prevention, and needlestick injury	
Risk management awareness, including risk assessment, incident reporting, complaints management, violence and aggression, and falls	
<b>Integrated Governance</b>	
Information Governance	
Moving and Handling	
Fire Safety	
Safeguarding Adults/Children	
Mental Capacity Act/Deprivation of Liberty	
Blood Transfusion	
<b>Other Sessions</b>	
Equality & Diversity	
Counter fraud	

**Part Two – Local Induction**

This second part refers to the local aspects of your induction. This will be a combination of a development of the corporate elements, and additional directorate specific elements such as medical equipment etc. It is an opportunity for you and your mentor to discuss what else is required over the next 4 weeks.

<b>Local (Bespoke) Induction</b>	<b>Initialed and dated by new member of staff. Enter N/A if not appropriate to your role</b>
<b>ORGANIZATION AND WELFARE</b>	
Enter name of your local induction mentor / supervisor .....	
.....	
ID Badge obtained	
Car Parking Permit applied for (if applicable)	
Accommodation arranged (if applicable)	
Uniform obtained (if applicable)	
Department set-up - Key personnel, structures, leave, sickness etc	
Leave entitlement and how to request it [annual, study]	
If management role – date of HR session, <i>managing your staff</i> booked .....	
Salary return completion (if applicable)	
Working patterns of area – e.g. hours / shifts / rostering	
Has read & understood policies and procedures relevant to area	
Read information featured on the induction pages of the intranet	
<b>STAFF FACILITIES</b>	
◆ Location of personal storage/shower/change/ toilet facilities	
◆ Coffee/lunch breaks/ Location of staff restaurant & opening times	
<b>COMMUNICATION</b>	
◆ Use of telephone and appropriate telephone behaviour	
◆ How to use bleep system and location of telephone directories	
◆ Intranet as means of communication e.g. Staff Focus	

◆ Date of first development review has been set	
◆ KSF (if applicable) issued, and e-KSF system familiarisation.	
◆ Training booked if required. Date:.....	
<b>SYSTEMS</b>	
◆ Able to use clinical systems where appropriate [e.g PAS, radiology, pathology – itemised on separate sheet where req'd]	
◆ Able to use the IT system to make referrals as required	
◆ Able to access non - clinical systems where appropriate e.g. E-learning (itemised on separate sheet where req'd)	
◆ Signed IT security policy	
<b>HEALTH &amp; SAFETY</b>	
◆ Identity of first aiders / Location of first aid boxes	
◆ Inoculation Incident/needlestick injury management presentation viewed. Date.....	
◆ Familiar with all appropriate departmental/area documentation	
<b>INFECTION PREVENTION</b>	
◆ Availability of hand rub at entrance to area of work, & in working order	
◆ Aware of dress policy – jewellery, bare below elbows etc.	
◆ Location of needle stick policy <b>on display</b>	
<b>RESUSCITATION</b>	
◆ Escalation - how to seek help in clinical situation/deteriorating patient	
◆ Identify responsibilities in the event of a cardiac arrest	
◆ Identify cardiac arrest bleep number	
◆ Attended an appropriate Life Support Session	
◆ Location of Resuscitation trolley	
◆ Familiar with resuscitation equipment	
<b>MOVING AND HANDLING</b>	
◆ Practical session on moving and handling attended (if applicable) Date:.....	
◆ Condition and location of moving and handling equipment	
◆ Location of moving and handling risk assessment forms	
◆ Key link person for manual handling identified for your area	
<b>FIRE</b>	
◆ Location of oxygen / air / suction main control switch off valves	
◆ Location of Fire extinguishers, fire exits, fire alarms, local fire assembly points	
<b>ADDITIONAL RISK MANAGEMENT/MANDATORY TRAINING</b>	
◆ Mandatory Training Needs reviewed against TNA and sessions booked as required	
<b>ADDITIONAL DEPARTMENTAL SPECIFIC INFORMATION</b>	
Additional Information issued. Date .....	
<b>EQUIPMENT COMPETENCIES( Anaesthetic and theatre areas excepted from the four week rule)</b>	
Equipment competency record appropriate to grade and department issued. Date..... Equipment Competency Record completed and copy returned to Line manager ( you should keep the original for your own records) Date returned.....	

**Both you and your Ward/Departmental lead/manager must sign and date the front sheet once all boxes in this document have been initialled by yourself or person responsible for each aspect of parts one and two.**

**Once completed this form is to be placed in your personal file**

**WELCOME TO MID ESSEX HOSPITAL SERVICES  
INDUCTION CHECK LIST FOR MEDICAL STAFF**

*This check list has been designed to help you settle into your role at Mid Essex. Induction is one of the mandatory training requirements and is the basis on which all other training and development should be built. You are paid to attend corporate induction because the Trust is committed to ensuring that you work safely and effectively in your role. The sessions that you attend during the corporate induction day, and the local induction processes all contribute to the patient safety agenda, which is a priority for Mid Essex. This is in line with the Trust vision of:*

Care, Excel, and Innovate

*During the corporate programme you should be able to tick off the areas covered in with a C. As you attend the relevant areas, the things that you should be locatin, and checking locally are marked with L. There will also be a department specific equipment list which needs to be completed with possible other local paperworks.*

The Trust is committed to ensuring that you work safely and effectively in your role.

- Please complete this checklist within your first month.
- Upon completion, both you and your Supervising Consultant need to sign the declaration box below. This paperwork is required by the Trust for NHSLA and audit purposes, and should be used in conjunction with any existing curricular documentation (e.g. e-portfolio)
- You should keep a copy for your own records, and return the original to Medical Resources Department.
- Completion of this will be checked by Medical Resources one month after your start date.
- Compliance with this instruction is monitored by Learning & Development. A report is sent to each Clinical Directorate on a regular basis to ensure that Local Induction has been completed and evidence (this completed checklist) has been recorded and retained.

You must complete both corporate and local [bespoke] induction before signing the front sheet declaration.

**NAME PRINTED:** ..... **SIGNED:**.....

**POST HELD:**.....

**LOCATION:**.....

**START DATE:** ..... **DATE OF COMPLETION**.....

**SUPERVISOR:(PRINTED)** .....

**SIGNATURE:** .....

## GENERIC LIST

Starting Work	Initialled by trainee	
♦ HR Paperwork (if not completed during induction, please visit medical resources in person)	C	
♦ Issue and receipt of essential information	C	
♦ ID	C	
♦ SMART Card	C	
♦ Checklist complete for 1 <sup>st</sup> part of induction	C	
♦ Accommodation	C	
♦ Occupational Health	C	
♦ Foundation Programme introduction ( foundation trainees only)	C	
IT Systems		
♦ Data protection and issues of confidentiality	C	
♦ Able to use clinical systems where appropriate [ e.g PAS, radiology, pathology – itemised on separate sheet where req'd]	C	
♦ Able to use the IT system to make referrals as required	C	
General Information		
♦ Infection Prevention and Hand Hygiene	C	
♦ Moving and Handling	C	
♦ Governance - Child Protection/ Vulnerable Adults / Risk event	C	
♦ Fire Safety	C	
♦ Certification of Death	C	
♦ Health Record-keeping	C	
Covered on the intranet under doctors essential information; not formally 'taught' during induction		
♦ Medicines Management / medicines information services		
♦ Guide to requesting x-ray examinations in/out of hours		
♦ Clinical Sciences ( pathology, cellular pathology, haematology, biochemistry, microbiology)		
♦ Ordering lab tests		
♦ Collection of blood samples		
♦ Equality and diversity		
♦ Telecomms		
♦ Medical Personnel information( medical resources dept, leave, pay etc)		
♦ Library Services		

## PART TWO – LOCAL LIST (GENERIC AND BESPOKE REQUIREMENTS)

This second part enables you continue the locally based aspects of the corporate programme. It is an opportunity for you and your supervisor to itemise all relevant areas that should be covered in your placement. These should be entered with particular reference to your place of work, and specialist requirements – for example specific equipment competencies or other training / meetings that need to be arranged.

*Enter N/A if not applicable to your area.*

Trainee or person carrying out each element of local induction can initial when completed.	Initialed by trainee or person delivering	
<b>FIRE</b>		
◆ Local evacuation procedure	L	
◆ Location of Fire extinguishers	L	
◆ Location of Fire exits, fire alarms and your local fire assembly points	L	
<b>MOVING AND HANDLING</b>		
◆ Practical session on moving and handling attended [ if required ] Date:.....		
<b>HEALTH &amp; SAFETY</b>		
◆ Location of local risk folder (red folder)	L	
◆ Trust policies signposted on intranet	L	
<b>RESUSCITATION</b>		
◆ NEWS responsibilities/patient triggers( deteriorating patient process)	L	
◆ Responsibilities in the event of a cardiac arrest	L	
◆ Cardiac arrest bleep number	L	
◆ Appropriate Life Support Session –attended /booked	L	
◆ Resuscitation trolley-location and content	L	
◆ Familiarisation with local resuscitation equipment	L	
<b>INFECTION PREVENTION</b>		
◆ 5 moments of hand hygiene reinforced	L	
◆ Principles reinforced – bare below elbow, sharps management, location of needle stick injury policy, location of waste bags	L	
<b>IT SYSTEMS</b>		
◆ Able to use clinical systems where appropriate [ e.g PAS, radiology, pathology – itemised on separate sheet where req'd]	L	
◆ Able to use the IT system to make referrals as required	L	
<b>COMMUNICATION</b>		
◆ Use of telephone and appropriate telephone behaviour	L	
◆ Bleep system and location of telephone directories on intranet	L	
◆ Intranet as means of communication, Clinical and Medical Director comms, patient safety alerts, Staff Focus	L	
<b>PATIENT SAFETY</b>		
◆ Escalation – know who to speak to confidentially if needed	L	
◆ Escalation – whistleblowing ( for example if observe patient safety issues, undermining behaviour by colleagues/supervisors)	L	
◆ Escalation – (Is there a written instruction of who to contact / how to seek help in clinical situation/deteriorating pt)	L	
◆ Handover processes for your clinical area – times/who should be present	L	
◆ Consent –view departmental list of locally agreed procedures / grade	L	
<b>GENERAL</b>		
◆ Informed about departmental key policies or where located	L	

**PART TWO – LOCAL LIST (continued)**

<b>ADDITIONAL LOCALIZED INDUCTION INFORMATION</b>		
♦ There may be a specialised pack to be issued for completion	L	
Date of specialised pack issued or enter N/A.....		
<b>EQUIPMENT COMPETENCIES</b>		
♦ All equipment competencies successfully completed	L	
Date of final completion.....		
<b>MANDATORY REQUIREMENTS EDUCATIONAL TRAINING POSTS ONLY</b>		
Met with educational supervisor	L	
Met with clinical supervisor	L	
Understand how placement fits within curriculum	L	
Appropriate completion of portfolio paperwork/e-portfolio	L	
<b>CONSULTANTS ONLY – TO MEET WITH:</b>		
Chief Medical Officer (Appt via PA – ext 4571)		
Medical Resources (contact 6890 to follow up any outstanding issues)		
Clinical Tutor (via email /pager #6400 500 or office ext 6068)		
<ul style="list-style-type: none"> <li>• <b>Mandatory Training requirements identified (how to book/access)</b>  .....  .....  .....  .....</li> <li>• <b>E-LEARNING</b></li> </ul> <p>A significant proportion of mandatory training should be undertaken via e-learning. This can be accessed via your smart card. Further instructions re login, and undertaking the modules are available via:</p> <ul style="list-style-type: none"> <li>• <b>Intranet ( HR/Learning and Development/Mandatory Training/ Medical Staff Training Manager ( ext 4562)</b></li> </ul>		

This form expires after a six month absence from working on/in this ward/dept



Mid Essex Hospital Services  
NHS Trust

## Bank & Agency Orientation Checklist

Ward/Dept: \_\_\_\_\_ Date: \_\_\_\_\_

<u>Name</u>	<u>Initial</u>	<u>Signature</u>
_____	_____	_____ <u>RN/HCA</u> <u>Bank/Agency Staff</u> (Circle appropriate)
_____	_____	_____ <u>Nurse In Charge (NIC):</u>

### SECTION 1: Welcome checks – to be completed by the NIC

- *initial when complete*

Welcome to the ward	___	ID check	___	Fire exits	___
Correct uniform	___	Break times	___	Emergency equipment location	___
Orientation to documentation	___				

### SECTION 2: Trust Values – to be completed by registered and non-registered Bank/Agency worker

- I will be: *initial to indicate commitment*

- **Kind:** Friendly and welcoming, respectful and compassionate, attentive and helpful \_\_\_
- **Positive:** High standards, organised and timely, gives and welcomes feedback \_\_\_
- **Professional:** Positive attitude, appreciative and values others, pride in my role \_\_\_
- **Team focussed:** Listens, involves, collaborates, clear communication, works together \_\_\_

### SECTION 3: Trust checklist – to be completed by registered and non-registered Bank/Agency worker

I will: *initial to indicate compliance*

- Maintain strict infection prevention standards at all times (e.g. hand hygiene, PPE, bare below elbow) \_\_\_
- Complete all Trust documentation relevant to my role \_\_\_
- Report any incidents to the NIC and complete all relevant documentation \_\_\_
- Escalate any concerns about patient care or deterioration to NIC/supervising RN \_\_\_
- Take and record observations/NEWS2/CEWT accurately \_\_\_
- Ensure that the care rounds are completed for the patients allocated to my care and will document any exceptions accurately \_\_\_
- Ensure the safety of my patients by informing the NIC/supervising RN \_\_\_

Version 4: July 2019

immediately if I am not competent to perform any task allocated to me

- Comply with the ward safety checks allocated to me, escalating any issues \_\_\_\_\_

I can:

- Log an incident using the incident reporting system, DATIX \_\_\_\_\_
- Use NOVA MEHT blood sugar monitoring equipment and I am able to monitor blood glucose levels \_\_\_\_\_
- 1 x episode of Point of Care testing witnessed and deemed competent by RN \_\_\_\_\_

**SECTION 4: Competencies and statements** – to be completed by registered Bank & Agency workers

I am competent in:

• *initial to indicate relevant competencies*

- The administration of medication \_\_\_\_\_
- The management of central lines \_\_\_\_\_
- The administration of IV medication \_\_\_\_\_
- The management of PICC lines \_\_\_\_\_
- The management of tracheostomy \_\_\_\_\_

I will:

- Provide effective supervision and support junior staff allocated to work with me \_\_\_\_\_
- Document the care I give to patients in accordance with NMC guidelines \_\_\_\_\_
- Provide a robust and accurate handover to the next shift, ensuring any changes are documented clearly on the handover sheets \_\_\_\_\_
- Ensure all keys, iPod, iPad and temporary access cards are handed back to the NIC at the end of the shift \_\_\_\_\_

**SECTION 5: NIC competency assessment** – to be completed by the NIC/or marked N/A

- *complete to confirm Bank & Agency worker competence as outlined above*

Following my assessment, I confirm that \_\_\_\_\_ is competent in:  
*(enter name of Agency/Bank worker)*

	Name	Signature	Date
The administration of IV medication	_____	_____	_____
The management of central lines	_____	_____	_____
The management of PICC lines	_____	_____	_____
The management of tracheostomy	_____	_____	_____

## Appendix E

### Essential information And Checklist for Medical Agency/Locum Staff



#### Are you a Prescriber?

If so, we need your help

#### Why?

To ensure our Prescription Charts meet the standards required for safe & effective care, every time.

The most important points are:

- ◆ ALL PRESCRIBING IN CAPITAL LETTERS
- ◆ Allergy status to be signed and dates on the front page and top inside pages
- ◆ VTE assessment on admission and reassessed after 24 hrs.
- ◆ Always complete the indication for antibiotics
- ◆ Antibiotics must be reviewed at 5 days
- ◆ If a patient can now take oral medication, can any IV medication be changes to oral?
- ◆ When a decision is taken to stop a medication, please stop on the chart as well as in the medical notes
- ◆ Please review charts on ward rounds. If you see a dose has been omitted without a code explaining why, please ask the nurse in charge
- ◆ Please add toy bleep number on the chart (so that you can be contacted in the case of query)



**Appendix E**

**Continue - Essential information And Checklist for Medical Agency/Locum Staff**



**Mid Essex Hospital Services**  
NHS Trust

Essential Information for Locum/Agency/Bank Staff

**PRINT NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_ **SPECIALTY** \_\_\_\_\_  
**GRADE** \_\_\_\_\_ **AGENCY** \_\_\_\_\_

**IS THIS YOUR FIRST ATTENDANCE? YES/NO (please circle)**

**This document provides a brief induction to help orientate you to the Trust. Patient safety is our priority, please read the Patient Safety Charter. It is important if you are unsure of a procedure, routine or have any further queries to please ask.**

**Notes for completion**

Please use the tick chart on the back to record you have received an orientation to the ward/department. It is your responsibility to complete this document, and to ensure you have been made aware, and understood all the elements listed below before ticking the column concerned. The form should be used at the beginning of your first shift only on a ward/department.

**YOU MUST RETURN THIS COMPLETED CHECKLIST TO MEDICAL RESOURCES /  
CLINICAL OPERATIONS CENTRE AT THE END OF YOUR SHIFT**

**First Attendance Department Orientation Form for  
Voluntary Staff**

Name ..... Ward / Department .....

Name of Organisation/College/School (if appropriate).....

**Notes for completion:** Please use chart below to record when you have received an orientation to each new ward/department that you work on as a first attendance. It is your responsibility to complete this document, and to ensure you have been made aware, and understood all the elements listed below before ticking the column concerned. The form should be used the first time you attend an area.

***By signing this form, you are accepting responsibility for noting and abiding by the relevant Trust policies and agree that you will not undertake any tasks that you are not competent/have been assessed as competent to carry out.***

Once completed you must return this to the Voluntary Services Manager for signing and this will then be kept by the Voluntary Services Office.

<b>Orientation List</b>	<b>Initialed by individual Or enter Not Applicable (N/A)</b>
Tour of ward/department, basic ward/department routines, roles & functions of other staff	
Fire Exits, and evacuation procedure	
Cardiac arrest procedure – calling for help	
Relevant equipment ( Clinical/non clinical) <b>Staff should not use equipment that they are not familiar with, competent to use/shown how to use</b>	
Facilities e.g. toilets, staff rooms etc.	
Relevant Documentation, location of policies & procedures (especially hand hygiene and patient documentation used)	
Location of phones,fax, photocopiers etc	
How to raise any concerns	

Signed ..... Print Name .....  
(Volunteer/staff individual)

Signed ..... Print Name. ....  
(Ward/Department Staff)

(Ward/Department)..... Date.....

Signed ..... Date.....  
(Voluntary Services Manager)

## Appendix G

### Induction Checklist for Senior Managers

Name ..... Role.....

Directorate .....

**Notes for completion:** The table below features a list of personnel in our organisation who will be keen to welcome you to MEHT, and explain their roles and responsibilities.

The meetings will usually be arranged for you by administrative/secretarial staff with input from your new colleagues, balancing essential 'need to know' with flexibility to incorporate any specific requirements. The list is not exhaustive, and designed as a prompt; other meetings may be added.

Please ensure that you work through the meetings listed. Once all elements have been completed, this form should be signed off by you, and your immediate manager. The completed form is kept in your personal file as a point of reference. [Traininganddevelopment@meht.nhs.uk](mailto:Traininganddevelopment@meht.nhs.uk) should be notified that local induction has been completed within one month of commencing in your new role. Please be aware that this form maybe requested during audit. as evidence of your local induction

Suggested Meetings – enter the names	Date	Time	Initial of person arranging
<b>Management colleagues/Head of Department/ Clinical Director</b>			
Enter name			
<b>Relevant executives/CEO/Chairman</b>			
Enter name			
<b>Performance and Commissioning</b>			
Enter name			
<b>Patient Experience</b>			
Enter name			
<b>Communications and Organisational Meetings Structure</b>			
Enter name			
<b>Governance and Audit</b>			
Enter name			
<b>Finance Manager</b>			
Enter name			
<b>Education and Training/Mandatory Training/E-learning</b>			
Enter name			
<b>HR Business Partner</b>			
Enter name			
<b>Medical – Clinical Tutor/Medical Resources</b>			
Enter name			
<b>Nursing - Head of Professional Practice &amp; Clinical Standards</b>			
Enter name			
<b>Any other corporate services/departments specific to role</b>			

Signed .....  
(Member of staff)

Print Name .....

Signed .....  
(Manager)

Print Name .....

Date.....