



Corporate and Local Induction Policy

Document Summary

This document sets out the procedures and standards for the induction of all staff.

DOCUMENT NUMBER	POL/004/028
DATE RATIFIED	March 2017
DATE IMPLEMENTED	March 2017
NEXT REVIEW DATE	March 2019
ACCOUNTABLE DIRECTOR	Director of Workforce and OD
POLICY AUTHOR	Statutory & Mandatory Training Manager

Important Note:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as “uncontrolled” and, as such, may not necessarily contain the latest updates and amendments.



Contents

1. Scope	3
2. Introduction	3
3. Statement of Intent.....	3
4. Definitions	4
4.1 Corporate Induction	4
4.2 Local Induction.....	4
4.3 Subject Matter Experts (SMEs).....	4
5. Duties	4
5.1 Director of Workforce and Organisational Development (OD)	4
5.2 Associate Director of Operations and Head of Services	4
5.3 Workforce – Resourcing Team	4
5.4 Workforce – Statutory & Mandatory Training Team.....	5
5.5 Managers/supervisors	5
5.6 Individuals.....	5
6 Induction Programme Structure	6
6.1 Corporate Induction	6
6.2 Local Induction.....	6
7. Compliance reporting	6
8. Managing non-attendance	6
9. Training	6
10. Monitoring compliance with this policy.	7
11. References/Bibliography	7
12. Related Trust Policy and procedures	7
Induction Day 1.....	Error! Bookmark not defined.
Appendix 2 - Trust Local Induction Checklist.....	9



1. Scope

This policy applies to all staff, including permanent employees of Cumbria Partnership NHS Foundation Trust, doctors in training, temporary or agency staff, locum medical staff, contracted staff, students, volunteers and employees of other external organisations that provide services to the Trust.

2. Introduction

A quality induction is a key aspect of welcoming new staff into the Trust and their new team. It is the point at which the Trust can outline and promote the culture of the organisation which supports the delivery of one of the Trusts strategic goals:

‘To realise the full potential of everyone we work with and the talent of all our staff’.

The induction intends to set out the Trust’s expectations and communicate key messages including the Trust values and expected behaviours and the value it places in supporting and developing staff for example, through the appraisals process. Induction is designed to provide new staff with essential information, learning and practical experience that ultimately results in safe, effective and efficient services with high quality care.

Induction has two key components:

- Corporate – delivered centrally, providing an overview of the organisation, its context, priorities and values. It also incorporates some elements of mandatory training.
- Local – delivered by the local managers covering role and location specific aspects.

The Trust is committed to delivering induction when someone first joins the organisation; or changes role and/or location within the Trust (local induction only).

3. Statement of Intent

The Trust is committed to an induction programme that is fit for purpose i.e. meets the needs of the Trust and the regulatory authorities including CQC standards. The purpose of this Policy is to ensure that all Trust staff are aware of the commitment to induction, their responsibilities and how induction is delivered and monitored to ensure compliance.

All staff must receive an effective induction into the organisation as part of their introduction to the organisation.



4. Definitions

4.1 Corporate Induction

This is a mandatory requirement for all new staff and consists of a formal programme of introduction and orientation to the Trust. It complies with Trust needs and regulatory requirements. Trainee Doctors on rotation have a separate corporate induction programme arranged via the Medical Education team.

4.2 Local Induction

This is a mandatory requirement for all new staff and for existing staff moving to new roles within a different department. It ensures they are orientated within their area of work and have knowledge of Trust operations, policies and procedures relevant to their role and location.

4.3 Subject Matter Experts (SMEs)

These are usually internal Trust staff who have an expertise in a particular subject. They provide expert guidance and support to the Trust in the development and often the delivery of training programmes in that subject area.

5. Duties

5.1 Director of Workforce and Organisational Development (OD)

The Director of Workforce and OD has board-level responsibility for the operational performance and gives assurance to the Trust Board that all staff meet statutory and regulatory guidelines for training to ensure patient safety.

5.2 Associate Director of Operations and Head of Services

Each ADoOps and Head of Services is accountable for all their staff completing induction in line with this policy.

5.3 Workforce – Resourcing Team

The Resourcing team has responsibility for:

- Booking all new substantive and temporary staff onto corporate induction following unconditional offer.
- Booking all other individuals onto corporate induction as appropriate when notified by the service manager e.g. employees of external organisations.
- Providing new members of staff with instructions about the induction process.
- Providing the line managers of new members of staff with instructions on managing the induction process.



5.4 Workforce – Statutory & Mandatory Training Team

The Statutory & Mandatory Training Team has responsibility for:

- Ensuring that the induction programme meets the regulatory and statutory obligations of the Trust.
- Ensuring that induction takes place to meet the needs of the Trust and new staff.
- Reviewing and developing the induction programme and acting upon any feedback to improve the experience.
- Recording and reporting completion of induction and implementing follow up procedures for non-attendance or non-compliance with policy in relation to local induction.

5.5 Managers/supervisors

Managers and supervisors are responsible for:

- Ensuring that all new staff attend and complete the corporate induction process on the date booked by the resourcing team.
- Carrying out the local induction process for all new staff on commencement in their role ensuring that the local induction checklist is used which is available on the Trust intranet. The completed checklist should be submitted to the Training Admin team on completion so that it can be recorded on the staff member's training record..
- Ensuring that all staff who change roles / location complete a new local induction programme.
- Ensuring new starters who fail to complete corporate induction are rebooked on to the next available session.

5.6 Individuals

Individuals are responsible for:

- Attending and completing corporate induction at the start of employment.
- Completing the local induction programme supported by their local manager.
- Completing a local induction programme if they change roles / locations supported by their local manager.



6 Induction Programme Structure

6.1 Corporate Induction

The content of the induction programme is reviewed periodically by the Statutory & Mandatory Training Manager. The content is reviewed to ensure continued compliance with statutory and regulatory requirements, relevance to the Trust and reflection of changing Trust vision, culture, values and behaviours. The corporate induction for all permanent staff is a 1 day programme, with the additional requirement for clinical staff and for trainee doctors to participate in a medical induction programme.

The programme is heavily focused on introducing and embedding our values at the heart of what we do and completion of relevant mandatory training.

Appendix 1 sets out the corporate induction programme which is accurate as of March 2017.

6.2 Local Induction

The local induction is undertaken in the workplace and must be completed within the first month of commencing employment or changing role noting that elements should be completed on the first day and first week.

A copy of the local induction checklist can be found in Appendix 2.

7. Compliance reporting

Attendance on the corporate and local induction programme will be recorded by the Statutory & Mandatory Training team on OLM within 2 working days of attendance at the session. Monthly compliance reports are issued by the ESR team to all service heads and it is their responsibility to ensure their teams are compliant. The compliance figures also form part of the monthly workforce report considered at the Trust Management Group (TMG) and Finance Investment and Performance (FIP) group.

8. Managing non-attendance

Completion of induction is mandatory. Staff failing to attend or complete corporate and local induction pose a risk to the Trust, our patients and colleagues. Completion of corporate and local induction is monitored by the Statutory & Mandatory Training Co-ordinator, who also audits attendance at Corporate Induction. Non-compliance by individuals will be acted upon by escalation to line managers and then to the relevant Associate Director of Operations or Head of Service if non-compliance continues.

9. Training

There is no mandatory training associated with this policy.



10. Monitoring compliance with this policy.

The table below outlines the Trust's monitoring arrangements for this policy/document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual responsible for the monitoring	Frequency of the monitoring activity	Individual responsible for ensuring that the actions are completed
1. The Process for checking that all new permanent staff complete corporate induction	Corporate induction compliance rate in Management Information report.	Statutory & Mandatory Training Manager	Monthly	Workforce Services Manager
2. Process for following up permanent staff who fail to attend corporate induction	Audit of 25 cases (or all cases if total number of non-attendees is less than 25 in the review period) where permanent staff failed to attend corporate induction sampled from OLM	Statutory & Mandatory Training Coordinator	Twice per year	Workforce Services Manager

11. References/Bibliography

None

12. Related Trust Policy and procedures

- Recruitment and Selection Policy
- Temporary Worker including Locum workers Policy



Appendix 1 Induction Day 1

9:00am -9:05am Welcome to Induction
09:05am-09:20am Welcome to the Trust - Mike Taylor, Chair, Cumbria Partnership NHS Foundation Trust
9.20am-9.30am Our Message & Values - Claire Molloy, Chief Executive
9:30am – 9:40am You and the Big Picture
9:40am – 9.55am Overview of 'You & The Big Picture' - Facilitated session what it means to you?
9.55am–10.10am Coffee Break
10.10am - 10.20am Statutory & Mandatory Training
10.20am – 10.35am Human Resources
10.35am -12.05pm Local Fire Safety
12.05pm – 12.45pm Lunch
12.45pm-1.45pm Service Users and Carers & Customer Experience
1.45pm-2.35pm Introduction to Infection Prevention Team & Hand Hygiene
2.35pm-2.45pm Coffee Break
2.45pm – 3.05pm Introduction to IT and e-health
3.05pm – 4.15pm Introduction to Safeguarding
4.15pm Evaluation & Close



Appendix 2 - Trust Local Induction Checklist

Name

Post Title

Department

Directorate/Locality

Date of Appointment

Name of Line Manager

This checklist is to ensure that all aspects of local 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. Please note that while this information is to be given to all staff, there may be some elements that are only relevant to specific roles/services.

Once the induction is complete, you and your line manager (or equivalent) should sign the checklist at the end and return a copy to the Training Team so it can be recorded on your learning record.. The completed form should be kept in your personal development folder as part of your learning plan.

The following must be completed and signed off by the line manager (or equivalent) within the first day working within the department:

DEPARTMENT	Documentation Link <i>(Please note that some of the policy links in this document may be broken at the time of delivering induction. If this is the case please use the link to the overall policy page: Here and search for the policy number indicated)</i>	Completed Date/Initials	Comments
Orientation to the department and any other areas within the organisation relevant to post	Location specific		
Introduction to key individuals/ colleagues within the ward/department	Location Specific		
Security pass, key access codes	Location Specific		
ID badge – badges for new starters will be arranged as part of the recruitment process	http://cptportal.cumbria.nhs.uk/SiteDirectory/Estates/Web%20Pages/ID%20Request.aspx		
Smart card – are ordered directly by the resourcing team for all new starters if required for role. Any agency or change to role internally you can access smartcard helpdesk via the adjacent link.	http://cptportal.cumbria.nhs.uk/SiteDirectory/RA/default.aspx		
Local maps & NHS premises	Location/Role specific		
Dress code - POL/004/014	https://www.cumbriapartnership.nhs.uk/health-professionals/policy-documents/category/workforce-and-organisational-development		
Smoking policy – POL/004/022	http://www.cumbriapartnership.nhs.uk/policy-documents.htm		
Car parking catering and washroom facilities	Location specific		
Kitchen catering facilities	Location specific		

Function and structure of Dept/Team	Local information		
Key contacts relevant to post Key contacts available for support e.g. IT Help Desk – 8888, Payroll Provider 0330 123 5736	Role Specific Information		
Hours of work, general department routine and shift patterns where applicable.	Role Specific Information		
Time off in lieu & flexible working – POL/004/036 & POL/004/029	https://www.cumbriapartnership.nhs.uk/health-professionals/policy-documents/category/workforce-and-organisational-development		
Telephone	http://itservicedesk.cumbria.nhs.uk/Request/KnowledgeBase/Article/0dfd91a2-05ac-41b2-893a-5ea122e8f4e1		
Mail	Role specific information		
DSE Self-Assessment Complete within first 5 days of starting in workplace	http://cptportal.cumbria.nhs.uk/SiteDirectory/WF-OD/Pages/DSE%20Assessment.docx		
On Call and bleep arrangements: Procedure for contacting an on-call Manager (relevant CPFT Bronze, Estates on-call, CPFT IT on-call)	- Role Specific information - Trust on-call procedures		
Lone worker – POL/002/057	http://www.cumbriapartnership.nhs.uk/policy-documents.htm		
POL/002/022 Fire safety procedures and assembly points: <ul style="list-style-type: none"> • fire exits • equipment • alarms 	http://www.cumbriapartnership.nhs.uk/policy-documents.htm Location specific		

<ul style="list-style-type: none"> • emergency telephone numbers • evacuation procedures • Nominated fire officer • Completion of form FT1- <i>appendix 1 to this document</i> 			
Patient call system (i.e. sound of alarm at nurses station)			
Introduction to the Trust Intranet – <i>Internet Explorer icon on desktop takes you straight to this link</i>	http://cptportal.cumbria.nhs.uk/Pages/Home.aspx		
Emailing – POL/002/004	http://www.cumbriapartnership.nhs.uk/policy-documents.htm		
Email signature	http://cptportal.cumbria.nhs.uk/SiteDirectory/Communications/default.aspx		
Annual leave arrangements – POL/004/015	Team specific		
POL/004/005 & POL/004/005/001 Explanation of the local procedures regarding sickness and absence: <ul style="list-style-type: none"> • reporting • return to work procedures • reporting to occupational health 	https://www.cumbriapartnership.nhs.uk/health-professionals/policy-documents/category/workforce-and-organisational-development		
Specimen Signature for Medicine Supply As you know our medicine service supplier for <u>North Cumbria</u> changed on Monday 18th January 2016 , going forward any staff member who uses medicines (Prescribes, Orders or receives deliveries of medicines) will need to register their signature with Lloyds Pharmacy.	http://cptportal.cumbria.nhs.uk/SiteDirectory/MedicinesManagement/Medicine%20Supply%20Project%202016/NEW%20Medicine%20Supply%20Project%202016.aspx		

Specimen Signature templates and guidance are available on the staff intranet (see link in neighbouring column). One you have completed your necessary form/s please return by post or email to: Karen Fitzgerald, Senior Pharmacy Tech/Contract, Dane Garth, Furness General Hospital, Dalton Lane, Barrow, LA14 4LF Email: Karen.Fitzgerald@cumbria.nhs.uk			
Awareness of CPFT Incident Response Plan (location of electronic copy and hardcopy)	https://www.cumbriapartnership.nhs.uk/assets/uploads/policy-documents/cpft_incident_response_plan_111015_v5.9.pdf		
Location of electronic copy and hard copy of relevant Business Continuity Plan			

COMMUNICATION	Documentation Link	Completed Date/Initials	Comments
Location and use of general organisation policies	http://www.cumbriapartnership.nhs.uk/policy-documents.htm		
Treating people with privacy, dignity and respect. – POL/001/043	http://www.cumbriapartnership.nhs.uk/policy-documents.htm		
General Trust Information including Trust Values	http://cptportal.cumbria.nhs.uk/SiteDirectory/Communications/About%20Us/Cumbria%20Partnership%20About%20Us.pdf		
Mandatory Training – the following must be completed within the first month of starting for all staff regardless of role. Additional specific to role		Completed Date/Initials	Comments

training can be accessed via your learning letters or by checking the Trust Training Needs Analysis – click here			
Information Governance – This is a priority if staff are requiring access to systems such as Rio and Emis	(E learning course)		
Risky Business Covers <ul style="list-style-type: none"> • Safeguarding basics • Conflict resolution • Health, safety and Security • Risk assessments • Manual Handling/DSE • Fraud • Business Continuity • Dignity and speaking out • Infection prevention 	(E learning course)		
Diversity Awareness (Equality and Diversity)	(E learning course)		
Manual Handling workplace - Objects			
Fire Safety (on induction)			
Infection prevention (on induction)			

INDUCTION IN THE WORKPLACE Please read/complete the following documents	Documentation Link	Completed Date/Initials	Comments
Risk Management Within first 5 days of starting in workplace	http://cptportal.cumbria.nhs.uk/SiteDirectory/WF-OD/Shared%20Documents/Equality%20and%20Diversity/Guide%20to%20Reporting%20an%20Incident%20on%20Ulysses%20Safeguard%20v1%20June%202016.pdf		

Health Records Within first 5 days of starting in workplace	(E learning course)		
Payment by Results/Financial Implications (if applicable)			
Communication Team Within first month	http://cptportal.cumbria.nhs.uk/SiteDirectory/Communications/default.aspx		
Library Services Presentation Within first 3 months	http://cptportal.cumbria.nhs.uk/SiteDirectory/learningnetwork/Documents/Library%20Services%20Information.docx		

The following must be completed and signed off by the line manager (or equivalent) within the first week working within the department:

DEPARTMENT/Role Specific Information	Documentation Link	Completed Date/Initials	Comments
Explanation of the key documents used within the department eg: <ul style="list-style-type: none"> care pathways patient records department protocols 			
Explanation of the key equipment department and training requirements: <ul style="list-style-type: none"> monitoring equipment specialist equipment decontamination key clinical equipment / medical devices information and training requirements. Equipment handbooks and 	http://www.cumbriapartnership.nhs.uk/policy-documents.htm		

equipment instructions to be made available. Refer to Trust policy POL/001/064.			
DEPARTMENT – performance information			
<p>Quality and Safety Dashboard</p> <p>The Quality and Safety Dashboard displays a series of metrics which are used to monitor compliance against the CQC Key Lines of Enquiry and provide assurance that we are providing high quality and safe services. The metrics include a range of patient experience measures (collected by Meridian), incident data as reported on the Trust Risk Management system, staffing data sourced from HR team as well as service specific measures (some of which also form part of the performance packs). Data is updated daily for the majority of measures although some are weekly and some monthly department on the availability of data. Access is via the Trust Quality and Safety Dashboard located on PC desktops. The Quality and Safety Dashboard continues to develop with more and more metrics being added.</p>	Line Manager will provide link		
<p>Transition to adult services – Ready Steady Go</p> <p>Transition is a gradual process that gives each young person who is receiving input from children’s health care services, time to prepare to move on either into Adult health services or into the care of the G.P. It is a purposeful, planned process for young people with long term physical and medical conditions as they move from child-centred to adult orientated health care and is a process that addresses their:</p> <ul style="list-style-type: none"> • Medical needs • Psychological needs • Educational/vocational needs 	<p>http://cptportal.cumbria.nhs.uk/SiteDirectory/ChildrensServices/Transition%20CQUIN%2012/Forms/AllItems.aspx</p>		

<p>The Ready Steady Go programme helps young people to understand their condition and how to access adult services if these should be needed in adulthood. The programme is endorsed by NHS England and has been adopted by CPFT following an evidence base which has shown that adopting the programme leads to:</p> <ul style="list-style-type: none"> • Improved follow-up and engagement • Improved patient and parent satisfaction • Improved knowledge and management of young person's condition • Improved documentation of young person's issues • Improved health related to quality of life • Vocational readiness <p>This process should be initiated for children and young people who have long term input from Specialist Services and CAMHS and would ideally be introduced at or around the age of 11-14 years.</p> <p><u>Clinical Staff</u> who are involved in the care of young people in this age group who will need to be familiar with the process and should refer to the Ready Steady Go user guide or speak to your line manager for more detailed information on its use.</p>	<p>http://cptportal.cumbria.nhs.uk/SiteDirectory/ChildrensServices/Transition%20CQUIN%2012/Forms/AllItems.aspx</p>		
<p>ROLES & RESPONSIBILITIES - mostly role specific</p>			
<p>Introduction to mentor/supervisor/buddy</p>			

The specific duties and responsibilities of the post	Role specific – talk through Job Description		
Expectations and limitations of the post			
Roles and responsibilities of team members			
Who and how to contact to obtain expert advice/guidance when required – localised information			
Receiving gifts POL/002/082 & POL/004/013	http://www.cumbriapartnership.nhs.uk/policy-documents.htm		
Code of conduct including confidentiality – POL/002/038	http://www.cumbriapartnership.nhs.uk/policy-documents.htm		
Single sex accommodation, to ensure people are treated with privacy and dignity			
For Prescribers Medical and Non-Medical: To register for drug updates	https://www.gov.uk/government/publications/drug-safety-update-monthly-newsletter		
SUPERVISION/CPD	Documentation Link	Completed Date/Initials	Comments
Arrangements for any adjustments advised by Occupational Health			
Plan a date to review induction document			
Plan a date to discuss Personal Development Plan as part of the Appraisal Development review System			
Plan a date to hold 3 month initial Appraisal - Where employees join the organisation outside of the appraisal window (1 April – 31 July) they should have an initial review with their manager set objectives and a PDP within 3 months of starting. POL/004/022	https://www.cumbriapartnership.nhs.uk/health-professionals/policy-documents/category/workforce-and-organisational-development		

Management and Clinical supervision arrangements discussed and agreed as per policy – 004/010 & 001/052	http://www.cumbriapartnership.nhs.uk/policy-documents.htm		
Safeguarding Supervision in place: Please read in conjunction with the information within Management and Clinical supervision above. POL/001/006	http://www.cumbriapartnership.nhs.uk/policy-documents.htm		
Preceptorship arrangements where applicable	http://www.cumbriapartnership.nhs.uk/policy-documents.htm		
KEY POLICIES AND PROCEDURES Link to all policy documents available:	http://www.cumbriapartnership.nhs.uk/policy-documents.htm		
Resuscitation policy – POL/001/002 & Procedure – locally specific			
Fire safety policy - POL/002/022			
Manual Handling – Instruction from Keyworker Including Moving and Handling – POL/002/030			
Medicines management policy - POL/001/013			
Appropriate to your work			
Incident reporting policy – POL/002/006/001			
Infection control policies			
Health and safety policy – POL/002/019 local representative			
CQC Standards: Familiarise with essential standards.	http://www.cqc.org.uk/ CQC Staff Handbook		
Media Relations Protocol Policy			

Disciplinary Policy	https://www.cumbriapartnership.nhs.uk/health-professionals/policy-documents/category/workforce-and-organisational-development		
Equality and Diversity Policy	https://www.cumbriapartnership.nhs.uk/health-professionals/policy-documents/category/workforce-and-organisational-development		
Policy on Prevention and Management of Violence and Aggression	https://www.cumbriapartnership.nhs.uk/health-professionals/policy-documents/category/clinical		
Information Governance – Code of Conduct	http://cptportal.cumbria.nhs.uk/SiteDirectory/eHealthCumbria/IG/default.aspx		
Security Policy	https://www.cumbriapartnership.nhs.uk/health-professionals/policy-documents/category/workforce-and-organisational-development		
Special Leave Policy	https://www.cumbriapartnership.nhs.uk/health-professionals/policy-documents/category/workforce-and-organisational-development		
INDUCTION IN THE WORKPLACE Copies of information from Corporate Induction is available on the adjacent link.	Documentation Link http://cptportal.cumbria.nhs.uk/SiteDirectory/learningnetwork/Pages/CorporateInductionPresentations.aspx	Completed Date/Initials	Comments



The following must be completed and signed off by the line manager (or equivalent) within the first month of work within the department:

Please take a copy of this sheet and forward to the Training Department as evidence of completion of the local induction checklist in accordance with Trust Induction policy.

Please return upon completion of local induction to:-
Learning.Records@cumbria.nhs.uk

Staff members name

Staff signature

Date

Department

Job Title.....

Employment Status PERMANENT/TEMPORARY/LOCUM/AGENCY (delete as appropriate)

Managers name

Signature.....

Date.....

STAFF FIRST DAY FIRE TRAINING FT 1 appendix 1

Premises Department

Name Date

Position

GENERAL FIRE SAFETY PRECAUTIONS Tick when Completed

- Conducted tour of department or work area
- Provision of keys for Fire call points & Final exit doors (wards)
- Fire warning system explained inc Fire Panel information
- Walk the escape routes
- Assembly points or safe mustering areas on wards
- Action on discovering fire
- Action on hearing the fire alarm & 2 stage system explained
- Location of fire-fighting equipment & key provision where secured
- No smoking rules – Control of smoking materials by staff
- Maintaining corridors, exits etc clear of obstructions
- Purpose and reason for closing fire doors
- Fire safety rules – Staff Emergency Fire Action Plan for premises/Dept
- Precautions connected with particular job or department (Hazards)
- Specialist arrangements i.e. PEEP's - DDA requirements

Every attempt should be made to cover the above items for a new employee or transferee during his/her first day of employment

I have received instructions and training as shown above

Signature of new employee

Name (Print)

Sign.....

Date

All items shown above have been attended to

Signature of Nominated Manager Or Fire Warden

Name (Print)

Sign.....

Date.....

When completed the original of this form should be kept by the Nominated Manager (Fire) and a copy placed in the Fire Safety Management File (Red File) for the premises.

Form FT1 Revised – August 2013

