# Induction Policy

<table>
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<tbody>
<tr>
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<td>Tracy Elvins, Head of Learning and Development</td>
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<td>Human Resources</td>
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<td>Review Date:</td>
<td>28 January 2016</td>
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<tr>
<td>Ratified by:</td>
<td>Lynn Vaughan Director of Human Resources</td>
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<tr>
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<td>28 January 2013</td>
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## Related Policies
- Code of Expectations for Employees
- Appraisal Policy
- Access to Study Leave Policy
- Study/Professional Policy for Consultants, Associate Specialists and Staff Grade Doctors
- Mandatory Training Policy
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<td>February 2012</td>
<td>Review</td>
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<td>Review</td>
<td>Lynn Vaughan</td>
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1. Purpose of this policy

The Royal United NHS Hospital Trust aims to provide the highest quality care to all patients using its services. In order to minimise risk to both patients and staff, all new staff are required to attend an induction programme which contains the mandatory training required to deliver safe effective service in their area of work.

The purpose of this policy is to provide guidance to managers and staff on the arrangements for induction within the Trust.

2. Aims and Objectives of this Policy

This policy sets out a framework for ensuring that all staff receive an effective induction to the Royal United Hospital, Bath.

Assurance of attendance at induction meeting NHS Litigation Authority and Care Quality Commission standards is given through regular report monitoring by the Trust’s Operational Learning Committee and Strategic Workforce Committee. These reports show the percentage of relevant staff attending induction programmes and this data can be broken down to a divisional, departmental or individual level in order for local reporting and performance monitoring to be carried out.

3. Scope

The policy applies to all staff employed by the Trust. This includes both permanent and temporary staff (bank and those on fixed term or honorary contracts). Temporary staff employed via agencies and contractors must have their induction training needs met via their employer before starting work with the Trust.
4. Introduction

The Royal United Hospital Bath NHS Trust is committed to ensuring high standards of health and safety, improving the quality of care, and minimising the risk of harm to patients. The Trust sees induction as an effective way of engaging new employees, supporting and retaining them.

The Trust is committed to the principle of induction which will ensure that every employee, including Executives, Non-Executives and medical staff, is knowledgeable about the Trust and their workplace, and receives their mandatory training required for their role at the commencement of their employment.

The Trust’s Induction Policy consists of two mandatory elements:

- Corporate Induction Programme
- Local Induction Programme

It is a requirement that both the corporate and local induction programmes have been undertaken and fully completed and that the Declaration of Completion is returned to the learning & development team before an individual will be granted access to further education and development opportunities.

The completion of the induction (both corporate and local), can be demonstrated by completion of the relevant proforma and signatory lists held by both the local manager and on the central training database.

5. Medical Trainees

Medical trainees undertake a separate induction programme designed specifically to meet their needs. This is administered by the Post Graduate Medical team. An outline of the programme content is shown in Appendix 5.
6. Temporary Staff

Bank and agency staff will be identified as temporary employees for the purposes of this policy.

The Trust recognises its duty to ensure that temporary employees receive an appropriate induction into the workplace.

RUH staffing solutions, agencies (as set down in the Framework Agreement Conditions of Contract) and the resourcing team will be responsible for ensuring that bank employees from all staff groups and professions have received induction with appropriate mandatory training and a new starter pack, before commencing work with the Trust.

Individual ward/department managers will be responsible for the provision of local induction.

See Appendix 1 for detailed information on the processes for induction of this staff group.

Staff on fixed term contracts will receive induction in the same way as permanent employees.

Managers of staff on honorary contracts will use the local induction checklist to provide a guide for their induction to take place in accordance to their role and the department in which they are working.

7. Corporate Induction Programme

The Trust expects all new employees attend a corporate induction programme which will include most mandatory training and essential information required for their role. As part of their recruitment information, all new starters receive written confirmation of their place on the corporate induction programme from the resourcing team prior to their start date.

All new employees must attend the corporate induction programme prior to their commencement in the workplace. Managers are advised in advance of the induction programme for their new starter and so know when to expect them into their area following their induction completion.

Where it is not possible for corporate induction to take place prior to commencing employment a risk assessment must be carried out by the recruiting manager. A template for this will be provided by the resourcing team.

The learning and development team is responsible for the co-ordination of the corporate induction programme in collaboration with the various subject matter experts for mandatory training.

At the end of the corporate induction programme all staff will:
• Have completed all necessary documents to enable them to be employed within the Trust.
• Be able to demonstrate by signed attendance sheets, that they have completed the mandatory induction training appropriate to their role.

8. Outline

It is the aim of the Trust’s induction programme to ensure that new employees to the Trust receive mandatory and essential information about the organisation prior to commencing their local induction programme.

New employees will attend the Trust induction programme during their first week of employment. On the first day of induction each new employee will receive a programme based on their specific role within the Trust, which has been developed using a risk-based approach to the training required.

At the start of induction, all staff will receive an RUH Portfolio.

Identity badges and smart-cards will be issued to all new employees during their induction.
9. Attendance

All new employees (including all medical staff, locum doctors and consultants, but excluding doctors in training) are required to attend the Trust’s corporate induction programme prior to entering the workplace. Individuals are responsible for ensuring they attend all the required sessions on their programme on time.

Part time employees are required to make arrangements to attend the corporate induction programme, although this may be extended over a longer period in order to accommodate their working hours.

Special arrangements can only be made for people working extremely restricted hours (e.g. 1 day a week) or where caring responsibilities preclude attendance during the normal hours of corporate induction. The employee will be assessed on an individual basis in these circumstances using a risk assessment process. In these circumstances, it is the manager’s responsibility to contact the Induction Administrator to make arrangements for the induction as soon as possible after recruitment of the new starter has taken place.

Employees returning from maternity leave or career break within 12 months of being out of the organisation are not required to attend the Trust induction programme, but are expected to ensure they have received a refresher course in all appropriate mandatory areas.

Newly qualified nurses who are awaiting their pin number will attend the induction for the nurse role.

Employees changing their role within the Trust are not required to attend the corporate induction programme, but are expected to make arrangements to ensure they have received all mandatory training required for their new role. Employees substantially changing their role may access the corporate induction programme, or part thereof, where the contents are deemed relevant to the post and is more convenient and timely than other alternatives. These employees will also receive the local induction in their new area. Further induction and training may be needed if new technology, equipment or systems of work are introduced.

Ward/department managers are responsible for ensuring that their employees attend the Trust induction and receive their mandatory training.

Ward/department managers are responsible for completing the Local Induction Checklist for New Employees which is handed to all new starters on their corporate induction day.
10. Evaluation
Feedback and evaluation forms will be provided, based on the learning objectives for sessions. The feedback forms will ensure that the corporate induction programme is meeting the needs of the participants.

11. Record Keeping
The induction administrator will maintain records of attendance taken from the sign in sheet for each training session in order to update the training database. Obtaining a signature from each attendee is managed by the individual trainer. It is the responsibility of the individual attendee to sign the sheet.

New employees will retain their signed induction timetable as proof of attendance and completion of the Trust induction programme and provide their manager with a copy for their personal file.

12. Induction for Doctors in Training
The Severn Deanery will inform the resourcing team of the names and contact details of all doctors in training appointed to a post in the RUH.

The resourcing team will inform the PGMC Manager of all newly appointed trainees and their contact details by the 20th day of the preceding month before they commence.

Corporate and clinical induction/shadowing for F1 grade trainee doctors takes place over 6 days in late July/early August. Corporate and clinical induction for the F2 grade and above takes place over one day in August. Corporate and clinical induction for trainees commencing in other months (not August) is by e-induction and specific training.

The PGMC Manager informs new trainees to the Trust by e-mail of their individual shadowing and/or induction requirements.

Attendance at induction/shadowing is recorded by signature on session registers. The PGMC Manager forwards a copy of signed registers to the learning & development team for recording on the Trust’s Learning Management System (LMS).

Completion of the e-induction modules is notified to the learning & development team by automated email for recording on the Trust’s LMS.

The learning and development team identifies trainees who fail to complete the Trust induction process. Failure to complete the scheduled procedures will be communicated initially to the trainee. If a trainee still fails to complete the Trust
induction process this is communicated to their Educational and Clinical Supervisors, who will be requested to facilitate their release from clinical duties to complete the induction process.

13. Local Induction

The Trust will ensure that all new employees receive a documented local induction which will include essential information regarding their local working environment.

The local induction checklist must be completed within the first six weeks of employment.

Individual ward/department managers or speciality areas are responsible for the development and provision of local induction using the Local Induction Checklist for New Employees as a baseline template.

Some wards and departments have locally generated induction packs which include clinical development needs. The local packs must clearly delineate between aspects to be completed by the sixth week following Induction and the ongoing development aspects of local induction that can be achieved over a longer timescale. New staff should continue to access these packs for specific local information, such as local risk management arrangements. Ward and department managers must annually review their local induction packs in order to cover the contents of this checklist.

14. Outline

The Trust requires all staff to have a formal local induction commensurate with their role in the organisation.

The Trust takes the view that the local induction will begin as soon as the employee starts work in the ward/department. Trust standard requires that the local induction checklist should be completed within six weeks from the employee’s start date. Specific elements of local induction are required at an earlier stage in employment and where this is the case, these are specified in the checklist document.

Local induction will be instigated by the manager or delegated to an appropriate member of staff.

Individual departments may wish to extend the content of local induction depending on the training needs of the staff member and the competence requirements of the role, however, any additions must be clearly distinct from the corporate requirements for local induction. Such additions might include developmental knowledge required for advancement of practice within the speciality.

In line with preceptorship and other best practice the inductee should have an appropriate and acceptable mentor as support during Induction and afterwards, giving the opportunity for long-term support and growth.
The local induction must be interactive allowing the staff member a positive input either through question and answer or verbal questioning of elements of the induction.

15. Record Keeping

The Local Induction Checklist for New Employees will be retained by the individual’s line manager and held in their staff file. A copy of the checklist will be given to the individual for their personal records.

A declaration of completion must be signed and sent to the learning & development team once the local induction is complete. A record of this will be made by the administrator on the Trust’s LMS.

Statistics on the completion of the local induction checklist will be collated by the induction administrator.

If the individual moves to a different area, their staff file will be transferred to their new line manager.

If the individual leaves the trust, their staff file will be passed to Human Resources. Training records will be kept on file for 7 years after an individual leaves the Trust.

16. Specialty Induction for Doctors in Training

Specialty induction is undertaken to complement the corporate and e-learning sessions. The content of which is identified in Appendix 3.

Completion of the specialty induction process should take place at the initial appraisal by the Lead Clinical Supervisor or, where appropriate, the Educational Supervisor using the Local Induction Checklist (Appendix 3). The trainee is required to confirm completion of the local induction by sending email confirmation to the PGMC manager within 6 weeks of the start of their rotation. This will be recorded by the PGMC Manager.

The PGMC Manager will identify trainees who fail to complete the process. Failure to complete the specialty induction will be communicated initially to the trainee. If a trainee still fails to complete the specialty induction process this is communicated to the Clinical Supervisor, who will be requested to ensure the completion of the specialty induction.
17. Responsibilities

17.1 The Learning & Development Team
The learning and development team has a duty to ensure:

- The content of the corporate induction programme meets the needs of the Trust.
- The content of the local induction checklist meets the needs of the Trust.
- All risks or issues are escalated by the Head of Learning and Development to the Strategic Workforce Committee.
- Accurate records are kept of all corporate and local induction training undertaken.
- A process is in place for following up non-attendance (see Appendix 4).
- There is a link with the resourcing team to ensure seamless booking and cancellation processes for every new starter to have access to the corporate induction programme.
- Clear recording and reporting processes are in place via the LMS to enable monitoring of compliance with corporate and local induction.

17.2 Induction Administrator
Responsibility for co-ordinating the corporate induction programme lies with the induction administrator, who will ensure the following:

- Induction timetables and portfolios are available for all new employees.
- Tailored timetables are prepared for all new employees commensurate with their role.
- Attendance is monitored and non-attendance is followed up.

17.3 Post Graduate Medical Centre Manager
Responsibility for co-ordinating the Doctors in Training Induction Programme lies with the Post Graduate Medical Centre Manager, who will ensure the following:

- Tailored programme is prepared for all new employees.
- Providing induction material to all new employees prior to their start date.
17.4 **Staffing Solutions**

The Staffing Solutions department has a duty to:

- ensure that agencies used are registered on the Government Procurement Service and therefore working in line with the Framework Conditions of Contract.
- ensure that all bank staff have attended the Trust induction programme.
- follow-up staff who have failed to attend booked mandatory training, investigating why and ensure another date is arranged as soon as possible.
- ensure that Agency Doctors complete the online medical induction prior to working.
- ensure that wards departments and agencies used have copies of the orientation checklist (appendix 2).
- Ensure that temporary staff complete their local induction and that this is recorded within their database.

17.5 **Resourcing team**

The resourcing team is responsible for:

- Including details of induction dates and times in the letter sent out to all new starters.
- Ensuring that by 12.00 noon each Wednesday they meet the deadline for booking new starters onto the following week’s induction.
- Sending to the induction administrator (no later than 13.00 on Wednesday) the booking form listing all the new starters for the following Monday.
- Ensuring accurate details are provided around names and job titles of the new starters and names and contact details for all managers are provided.

17.6 **Line Manager**

Managers are responsible for ensuring that all new employees have attended the Trust induction programme – including those on fixed term contracts but excluding agency staff.

Managers are responsible for ensuring that all new employees (including temporary employees) are given a comprehensive local induction programme as detailed in the Local Induction Checklist for New Employees.
17.7 Subject Matter Expert/Trainer
It is the responsibility of the Subject Matter Expert (SME) to:
- Plan, deliver, evaluate and continually improve induction training sessions/programmes ensuring they are evidence based and compliant with Trust policy.
- Ensure that participants record their attendance at sessions/programmes using the sign in sheet.
- Ensure that appropriate information is recorded on the LMS to enable accurate reporting should the organisation be required to demonstrate evidence for any quality assurance frameworks.
- Contribute to the evaluation, review and development of Corporate Induction training as required.
- Ensure that the Local Induction Checklist accurately reflects the current position of requirements in their subject matter – i.e. does the checklist include all aspects of local training needed to ensure new starters are potentially competent in this area.

17.8 Operational Learning Committee
It is the responsibility of the Operational Learning Committee to:
- Report directly to the Strategic Workforce Committee any issues or risks relating to induction compliance, capacity, etc.
- Monitor corporate induction attendance levels from a trust-wide perspective in order to identify potential areas of risk.
- Monitor compliance against requirement for local induction for all new starters.

17.9 New Employees
New employees are responsible for:
- attending and completing the Trust induction programme in line with their tailored programme.
- ensuring that their record of attendance is signed by each course trainer.
- completing the Local Induction Checklist for New Employees in conjunction with their ward/department manager and returning the declaration form to the learning & development team within the 6 week deadline.
18. Recording, reporting and monitoring mandatory training

Accurate recording of induction attendance is essential as it provides the evidence of compliance required by internal and external assessing bodies. All induction attendance is recorded on the Trust’s LMS.

All staff attending corporate induction sessions must sign the attendance record in order that their attendance can then be recorded accurately on the LMS.

The induction administrator monitors attendance at corporate induction sessions and will inform managers when staff fail to attend so that the manager can take appropriate action to re-book any sessions missed with the induction administrator.

Should a participant fail to attend a corporate induction session the induction administrator generates an email to their manager which outlines what the participant has not attended. The manager or individual is then required to re-book their missed induction session as soon as is practicably possible.

Assurance of attendance at induction meeting NHS Litigation Authority and Care Quality Commission standards is given through regular report monitoring by the Trust’s Operational Learning Committee and Strategic Workforce Committee. These reports show the percentage of relevant staff attending induction programmes and this data can be broken down to a divisional, departmental or individual level in order for local reporting and performance monitoring to be carried out.

It is the responsibility of the recruiting manager to ensure new staff attend their induction and complete their local induction. This is monitored at an individual level through the annual performance and development review process.

The clinical co-ordinator for Staffing Solutions will review the temporary staff attendance at corporate and local induction on a six monthly basis. Where temporary staff from a particular agency are identified as not complying, this will be brought to the attention of the agency by the clinical co-ordinator, who will identify the risk to continued use of staff from the agency.
19. Monitoring and Review

The responsibility for reviewing this policy will rest with the learning & development team. The policy will also be reviewed if there is a change in national or local legislation.

In accordance with the Trust governance arrangements the Director of Human Resources has ultimate responsibility for ensuring that this and other related policies are kept up to date, implemented effectively and monitored regularly for effectiveness.

The learning & development team will continue to co-ordinate and review the Trust induction programme with the assistance of trainers from the relevant departments, in order to ensure it meets local and national requirements.

The learning & development team will ensure that the guidance for local induction is appropriate, but it is for managers to ensure the content of the ward/departmental induction covers all relevant areas.

The induction administrator will ensure that the information in the Trust induction portfolio meets the needs of new employees.
Appendix 1: Induction of Temporary Staff

Bank Staff

1. All bank staff will attend full Trust induction in the format as other permanent staff, prior to commencing work with the exception of bank Doctors/Dentists.

2. Medical bank staff will complete the on line web based induction designed specifically to meet their needs. To view contents of this please view http://www.ruh.nhs.uk/induction_locums/start.htm.

3. Medical bank staff will need to attend Resuscitation training unless documented proof of attendance can be submitted of this through an approved provider

4. Bank staff will not be set up on the electronic bank system and will therefore be unable to work until confirmation of induction has been received – this will be verified on production of the signed corporate induction time table for those referred to in 1 or electronic e-mail generated by the on line web induction for doctors referred to in 2. Confirmation of this will be kept in their personnel file.

5. All new to care HCA’s will attend the new to care induction.

6. Bank nurses will undertake at least 2 supervised orientation shifts prior to undertaking bank shifts. For new to care HCA’S this may be extended to 1 week. Bank staff requiring supervised shifts with the nurse facilitator will be assessed on an individual basis.

7. Trained Bank nurses will undertake an initial drug assessment to ensure competency. This assessment will be undertaken by the nurse facilitator or nominated registered practitioner who has themselves been assessed.

8. Other bank staff will undertake supernumerary shifts as agreed and assessed as needed by the department booking them and their profession.

9. All Bank staff will complete the local induction checklist for new employees. This will need to be signed off by the staffing solutions office and the declaration of completion submitted to the education centre within 6 weeks of start date.

10. Wards and Departments will provide local induction information specific to their areas as per RUH induction policy.
Agency staff

1. Agency Doctors will complete the on line web induction [identified above point 2] either via their agency or by reporting to the staffing solutions office 1 hour prior to the start of their shift to complete.

2. For Agency Doctors who do not complete the online induction Staffing Solutions will need to follow the process outlined in Appendix 7.

3. All other Agency Staff are required to complete the agency/bank orientation check list to be completed when working in a new area for their first shift and subsequently if procedures have changed since their last period of working in that clinical area. This will be submitted to the staffing solutions office and kept on file.

4. For staff who fail to complete the orientation checklist (appendix 2) Staffing Solutions will need to follow the processes outlined in appendices 8 and 9.
Appendix 2: Temporary Staff Local Induction Checklist

**Temporary Staff (TS) Check list (Clinical generic)**

All bank and agency staff must be inducted to the area using this checklist. Please confirm this has been done when you complete and sign the Check in sheet. Please return forms to Staffing Solutions. Additional copies of this can be found on the Staffing Solutions Intranet site.

- Please introduce yourself.
- Make it clear to staff that you are new to the hospital/department and what your previous experiences are.
- **ASK** if you are not sure about something.

Name: ____________________________
Agency: ____________________________
Ward/Department: ____________________________

Following initial introductions to other team members, the TS will be shown the following:-

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<thead>
<tr>
<th>Departmental orientation</th>
<th>Sign</th>
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<tr>
<td>Sluice, treatment room, patient and staff toilets, kitchen, storage areas and Ward office.</td>
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<tr>
<td>Fire exits and fire fighting equipment</td>
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<tr>
<td>Emergency resuscitation trolleys,oxygen and suction equipment</td>
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<tr>
<td>General department routine</td>
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<tr>
<td>Telephones and bleep policy and system</td>
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<tr>
<td>Patient call bell system –sound of the emergency buzzer</td>
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<tr>
<td>Hospital policies and procedures manual –Discharge policy/infection control policy</td>
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<tr>
<td>Action in the event of cardiac arrest and fire</td>
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<tr>
<td>Infusion pumps /syringe drivers</td>
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<tr>
<td>Manual handling equipment</td>
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<td>Pressure relieving devices</td>
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<tr>
<td>Observation equipment</td>
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<tr>
<td>Security procedures</td>
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<td>Documentation in use</td>
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<tr>
<td>Who to report to – line management</td>
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Following the above the TS will receive a handover from the previous shift and be given specific duties including:

<table>
<thead>
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<th>Patient allocation</th>
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<tr>
<td>Responsibilities , duties and limitations in respect of advanced practices</td>
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The nursing handover will include:

- **Introduction to allocated patients**
- **Check of drug chart**
- **Check of infusions and pump rates**
- **Check of patient observations**
- **Check of care plan including discharge plan**

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<thead>
<tr>
<th>Signature:</th>
<th>Name:</th>
<th>Date</th>
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<tbody>
<tr>
<td>Temporary Staff:</td>
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<tr>
<td>Person giving orientation:</td>
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</table>

**Useful information**

The wards and departments all have lists of the most frequently used bleep numbers.

**To bleep**

- **Dial 80**
- Then key in 4 digit bleep number of the person you wish to bleep
- Then key in 4 digit extension number of the phone you are using
- You should hear an automated voice message stating that your bleep has been accepted
- Replace the phone handset and await the return call

If you cannot find the bleep number or need to know which doctor is on call then you can ring switchboard on **0**

**Cardiac arrest**

**To call the arrest team to a ward**

- **DIAL 2222**
- State **CARDIAC ARREST** followed by the department name, Zone and number
- Repeat this slowly and clearly
- Put down the phone
Fire

As TS you may be moving from area to area you need to maintain a greater awareness of the department layout. Please ensure that you familiarise yourself with the following on each ward you work on

- Fire exit routes
- Manual red fire alarm call point locations
- Internal phone locations
- Fire extinguisher locations (only to be used by trained staff)
- Fire assembly points
  On discovering a fire (request attendance of the fire brigade, Trust fire response team)
- Activate red manual fire alarm call point or
- Dial 2222
- State FIRE followed by the department name, zone and number
- Repeat slowly and clearly
- Put down the phone
Appendix 3: Local Induction Checklist for Medical Trainees

As part of your specialty induction please discuss all of these areas stated below with your Clinical (or Educational if same firm) Supervisor for every rotation at the RUH.

Please send email confirmation to the PGMC Manager once this has been completed.

PLEASE NOTE THAT THIS IS A MANDATORY REQUIREMENT FOR THE TRUST TO REPORT TO THE NHS LITIGATION AUTHORITY (NHSLA)

Name …………………………………… Grade……………………………………………
New Specialty / Firm ………………………………………….. Date …../…../……

<table>
<thead>
<tr>
<th>Induction Topic</th>
<th>Confirmation</th>
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<tbody>
<tr>
<td>Department/Specialty structure &amp; key people</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Orientation in clinical areas</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Fire exits &amp; fire fighting equipment</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Emergency resuscitation trolleys</td>
<td>Yes ☐ No ☐</td>
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<tr>
<td>Actions in the event of cardiac arrest or fire</td>
<td>Yes ☐ No ☐</td>
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<tr>
<td>Telephones, bleep policy &amp; system</td>
<td>Yes ☐ No ☐</td>
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<tr>
<td>Security procedures</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Departmental/Specialty/Team routines</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Hospital policies &amp; procedures manual</td>
<td>Yes ☐ No ☐</td>
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<tr>
<td>Departmental/Specialty/Team procedures/guidelines</td>
<td>Yes ☐ No ☐</td>
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<tr>
<td>Specific role &amp; responsibilities of postholder</td>
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<td>On call rota and take duties</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Handover of current inpatients (where appropriate)</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Educational activities</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Appraisal &amp; Assessment</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Annual, Study &amp; Sick Leave procedures</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Departmental audit processes</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Clinical note keeping</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Discharge planning &amp; Discharge Summaries</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Countering fraud, concerns about malpractice &amp; abuse</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Who to talk to if concerned about patient safety/clinical practice</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Who to talk to if concerned about training issues</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Who to talk to if concerned about personal issues</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Who to talk to if concerned about a colleague</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

I confirm that I am satisfied that I have received induction in all the topics marked ‘Yes’.

Please return this document electronically using your Trust nhs.net email. This will confirm that checklist has been completed.
Appendix 4: Induction Process Flowchart

Employment Services (Bath & Wessex House) send the Induction Administrator (Education Centre) a Booking Form (Excel Spreadsheet) every Wednesday afternoon.

Details appear to be in order & planning can proceed
Details appear incorrect or incomplete - refer to Employment Services

Using the Trust Induction Administration Procedure, the Induction Administrator begins the process to plan the Trust Induction Programme for the following week.

When the process has been completed a copy of the Booking Form is emailed to the Induction Database Group (colleagues in Human Resources, Finance, Estates & Facilities etc.).

The Sign in Sheets for the week are emailed to the Trainers & a copy of the individuals Trust Induction programme (timetable) is sent to their Manager.

New starters arrive on Monday Morning to begin their Trust Induction Programme.

YES – Timetables & an RUH Portfolio (including the Local Induction Checklist) are issued & their programme begins

NO – An email is sent to the Manager (cc. Employment Services & the Induction Database Group (see above)).

The Trust Induction Database & Sign in Sheets are amended to show the individual will not be attending the programme.

New starters sign a Sign in Sheet for each session they attend – these are returned by the trainer to the Induction Administrator who then updates the Trust Induction Database. An email for non-attendance is sent to the relevant managers at the end of each week.

YES: The Trust Induction Database is checked to ensure all sessions have been completed

NO: Email is sent to the manager

YES: Details of completion are entered onto Learning Management System (LMS)

NO – Form returned to individual with next step details

The Local Induction Checklist should be completed by a new starter within six weeks & Part B returned to the Induction Administrator.

Document name: Induction Policy
Issue date: 31 January 2013
Author: Tracy Elvins
Ref.: 140
Status: Approved
Page 23 of 34
Appendix 5: Induction Programme Content – Doctors in Training

F1 Grade trainee Doctors (August starters)

- Introduction to the RUH
- Tour of the RUH site
- ID badges
- Payroll registration
- Introduction to medical, surgical and acute modules
- Educational Supervision, appraisal, learning agreements, clinical supervision and assessment
- The e-portfolio
- Introduction to the outgoing F1 doctor whose post they will take and shadowing for a total of three of the six days including optional evening and twilight shadowing and weekend shadowing.
- Handover of current inpatients/critically ill patients where appropriate
- Introduction to Educational Supervisors
- Introduction to Occupational Health
- Introduction to Doctors’ Mess
- IT training
  - Millennium
  - Ultra/ICE
  - PACS
  - TomCat
- Clinical Skills:
  - Venepuncture
  - Catheterisation
  - ABG
  - Blood Transfusion, sampling and prescription
  - Monitors, O2 sats, drips and pumps
  - Preparing and giving IV drugs
  - Oxygen delivery systems
  - VTE prophylaxis
- Prescribing workshop
- Resuscitation training
- UTOPIA course (advanced life support)
- Infection Control workshop:
  - Handwashing
  - Principles of isolation – barrier and reverse barrier
  - Sterile/NTT
  - PPE, masks, gowns and gloves
- Major Incident Plan / Working with the Emergency Department
- Dealing with complaints
- Consent
Governance Workshop:
  - Patient Affairs
  - Death Certificates
  - Cremation Forms
  - The Coroner
  - Post-mortems
  - Patient safety issues
  - Record keeping, notes, incident reporting

F2 trainee Doctors and above (August starters)

- Welcome from the Chairman or member of the hospital Executive.
- Outline of the Emergency Department Procedures and Major Incident Procedures.
- The assessment of clinical risk and adverse incident reporting procedures.
- Infection control procedures
- Safe prescribing
- Certification of death
- Child Protection.
- Blood Transfusion
- HR issues
- Using the library services
- Occupational Health
- Undergraduate teaching
- The Mess
- Educational Supervision, appraisal, learning agreements, clinical supervision, assessment and Study Leave procedures
- Resuscitation training
- IT training
- Specialty (local) induction
List of web induction topics (non-August starters)

- Welcome
- Organisational structure
- RUH Map
- Security
- Doctors’ Mess
- Switchboard
- Library services
- Study leave
- Career support
- Occupational Health Department
- Employee Assistance Programme
- Patient Advice Liaison Service
- Fire procedures
- Diversity & equality
- Resuscitation procedures
- Emergency Department procedures
- Major Incident Plan
- Keeping good medical notes
- Data Protection Act
- IT systems training
- Death certification
- Pathology Department procedures
- Infection control
- Diagnostic imaging procedures
- Pharmacy Department requirements
- Child protection
- Vulnerable adults
- Geriatric liaison
- Anaesthetic guidelines
- Clinical risk/governance
- Consent
Appendix 6: Corporate Induction Cancellation Procedures

If the programme is cancelled due to insufficient new starters prior to the Monday start date the following actions will be applied:

The Induction Administrator will:

- Advise the resourcing team via email requesting that they contact the managers & new starters advising them of the new start date for their member of staff.

- Email the managers that if they are unable to postpone the start date for their new recruit then they will need to ensure that they are able to support them starting work as initially agreed despite them not having attended their mandatory induction training which will still need to be rebooked.

- Email all presenters (Executive Team member, Payroll, Occupational Health & Information Governance) & all trainers

- Cancel all room bookings

If the programme is cancelled due to an adverse incident such as severe weather conditions the following actions will be applied:

The Induction Administrator will:

- Place a notice under the display screen in the Education Centre lobby – this will advise any attendees to report to the Induction Administrator in the Administration Office.

- Update the display screen to show the session(s) as ‘cancelled’.

- Offer individuals the next available date for the cancelled session(s). This will also be done if they contact directly by telephone.

- Advise individuals to report immediately to their manager in their own ward / department. (It will be the responsibility of managers to make a risk assessment regarding their new member of staff starting work before they have completed their Corporate Induction Programme.)

- Email (as soon as possible) the managers with details of the rebooked session(s).
In the absence of the Induction Administrator Reception staff will:

- Place a notice under the display screen in the Education Centre lobby – advising any attendees to report to our Reception.

- Advise individuals that the session(s) have been cancelled & to report immediately to their manager in their own ward/department. (It will be the responsibility of managers to make a risk assessment regarding their new member of staff starting work before they have completed their Corporate Induction Programme.) They should also be advised that the Induction Administrator will email the new date(s) for the missed sessions to the manager as soon as possible.

- Keep a record of those who have contacted us (either in person or by telephone) – name, job role, contact telephone number & session(s) missed. This will be passed to the Induction Administrator on their return for the sessions to be rebooked.

- Individuals contacting the Education Centre by telephone will be advised as above.
# Appendix 7: Agency Doctors On Line Induction Process

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>SS Approach agency with request for cover</td>
</tr>
<tr>
<td>2</td>
<td>SS receive name from agency of staff member covering placement</td>
</tr>
<tr>
<td>3</td>
<td>SS send induction link to agency on confirmation of booking</td>
</tr>
<tr>
<td>4</td>
<td>Agency email on line induction to staff member covering placement</td>
</tr>
<tr>
<td>5</td>
<td>Agency staff member completes on line induction prior to attending trust or when reporting for shift</td>
</tr>
<tr>
<td>6</td>
<td>SS Receive automated email confirmation of completed On line induction</td>
</tr>
<tr>
<td>7</td>
<td>SS log receipt of on line induction confirmation on comments of first shift booked</td>
</tr>
<tr>
<td>8</td>
<td>SS file automated email in folder on central office email</td>
</tr>
<tr>
<td>9</td>
<td>Agency Staff member covers placement</td>
</tr>
</tbody>
</table>

**SS Receive automated email confirmation of completed On line induction**

- **YES**
- **NO**

Agency contacted and advised that staff member must complete on line induction retrospectively and will not be accepted for future bookings until completed
Appendix 8: Agency Nurse Local Induction Checklist Process

**Agency Nurse Local Induction checklist process**

- **SS Approach agency with request for cover**
  - SS receive name from agency of staff member covering placement
  - Agency staff member arrives at SS prior to shift
    - **YES**
    - Agency staff member shows ID and evidence of pin registration
      - **YES**
      - SS log pin and ID check on Request for agency form and sign and file
        - Staff are given a Local induction checklist to complete on shift
          - **NO**
          - Agency informed nurse will no longer be booked and comment entered on Rosterpro/RPC
            - Agency/ward contacted and staff member told to report to SS
              - **NO**
              - Evidence received
                - **YES**
                - Agency and ward contacted and informed Staff member unable to work until completed local induction for non compliant shift returned
                  - Evidence NOT received
                    - **YES**
                    - Completed local induction form returned to SS, logged on Rosterpro/RPC as an attribute and filed in 'Agency orientation checklist' folder.
Appendix 9: Agency AHP Local Induction Checklist Process

SS Approach agency with request for cover

SS receive name from agency of staff member covering placement

Department informed of name of agency booked and sent local induction checklist

Agency staff member arrives at department and shows evidence of ID and registration

YES

Staff are given a local induction checklist to complete on shift

Monthly report run on agency local induction compliance

Staff complete local induction for area booked.

YES

Agency informed staff member will no longer be booked and comment entered on Rosterpro/RPC

Evidence received

SS log pin and ID check on Request for agency form and sign and file

YES

Staff complete local induction for area booked.

NO

Agency contacted and informed staff member unable to work until completed local induction for non-compliant shift returned

Evidence NOT received

SS informed and contact agency and ask for proof of ID and pin registration

Evidence received

Agency informed staff member to complete form retrospectively and return to SS

Evidence received

Agency and ward contacted and informed of non-compliance

Evidence NOT received

Ward manager & Matron advised that continued non-compliance will result in restriction to book agency

Completed local induction form returned to SS, logged on Rosterpro/RPC as an attribute and filed in 'Agency orientation checklist' folder

Form returned to SS
Ratification Assurance Statement

Dear Lynn

Please review the following information to support the ratification of the below named document.

Name of document: Induction Policy (Reference 140)

Name of author: Tracy Elvins

Job Title: Head of Learning and Development

I, the above named author confirm that:

• The Policy presented for ratification meets all legislative, best practice and other guidance issued and known to me at the time of development of the Policy;

• I am not aware of any omissions to the Policy, and I will bring to the attention of the Executive Director any information which may affect the validity of the Policy presented as soon as this becomes known;

• The Policy meets the requirements as outlined in the document entitled Trust-wide Policy for the Development and Management of Policies (v4.0);

• The Policy meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable;

• I have undertaken appropriate and thorough consultation on this Policy and I have documented the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the Policy following consultation;

• I will send the Policy and signed ratification checklist to the Policy Coordinator for publication at my earliest opportunity following ratification;

• I will keep this Policy under review and ensure that it is reviewed prior to the review date.

Signature of Author: ___________________________ Date: 28 January 2013

Name of Person Ratifying this policy: Lynn Vaughan

Job Title: Director of Human Resources

Signature: ___________________________ Date: 30 January 2013

To the person approving this policy:

Please ensure this page has been completed correctly, then print, sign and post this page only to: The Policy Coordinator, John Apley Building.

The whole policy must be sent electronically to: ruh-tr.policies@nhs.net
## Consultation Schedule

<table>
<thead>
<tr>
<th>Name and Title of Individual</th>
<th>Date Consulted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angela Hayday, Associate Director of HR</td>
<td>February 2012</td>
</tr>
<tr>
<td>Alexandra Lucas, Head of Risk and Assurance</td>
<td>February 2012</td>
</tr>
<tr>
<td>Rachelle Jendrey, Trust Induction Co-ordinator</td>
<td>February 2012</td>
</tr>
<tr>
<td>Julie Blackman, Head of Clinical Skills</td>
<td>February 2012</td>
</tr>
<tr>
<td>Patricia Mills, Head of Leadership Skills</td>
<td>February 2012</td>
</tr>
<tr>
<td>Kelly Tillson, PGMC Manager</td>
<td>November 2012</td>
</tr>
<tr>
<td>Adam Malin, Director of Medical Education</td>
<td>November 2012</td>
</tr>
<tr>
<td>Liz Cowdrey, Clinical Coordinator, Staffing Solutions</td>
<td>November 2012</td>
</tr>
<tr>
<td>Fiona Vallis, Mandatory Training Lead</td>
<td>November 2012</td>
</tr>
<tr>
<td>Joanne Stanger, Mandatory Training Lead</td>
<td>November 2012</td>
</tr>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Committee</th>
<th>Date of Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainers Forum</td>
<td>January 2010</td>
</tr>
<tr>
<td>Strategic Learning Committee</td>
<td>January 2010</td>
</tr>
<tr>
<td>Operational Learning Committee</td>
<td>February 2012</td>
</tr>
<tr>
<td>Management Board</td>
<td>January 2010</td>
</tr>
<tr>
<td>TCNC Policy Sub Group</td>
<td>January 2010</td>
</tr>
<tr>
<td>TCNC Policy Sub Group</td>
<td>March 2010</td>
</tr>
<tr>
<td>TCNC Policy Sub Group</td>
<td>February 2012</td>
</tr>
</tbody>
</table>

## The following people have submitted responses to the consultation process:

<table>
<thead>
<tr>
<th>Name and Title of Individual</th>
<th>Date Responded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angela Hayday, Associate Director of HR</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Committee/s (if applicable)</th>
<th>Date of Committee</th>
</tr>
</thead>
<tbody>
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</tr>
<tr>
<td>TCNC Policy Sub Group</td>
<td>February 2012</td>
</tr>
</tbody>
</table>
**Equality Impact: (A) Assessment Screening**

To be completed when submitted to the appropriate Executive Director for consideration and approval.

<table>
<thead>
<tr>
<th>Person responsible for the assessment:</th>
<th>Tracy Elvins</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title</td>
<td>Head of Learning and Development</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the document/guidance affect one group less or more favourably than another on the basis of:</th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Ethnic origins (including gypsies and travellers)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Nationality</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Gender (including gender reassignment)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Culture</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Religion or belief</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Age</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Disability (learning disabilities, physical disability, sensory impairment and mental health problems)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Is there any evidence that some groups are affected differently?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If you have identified potential discrimination, are there any valid exceptions, legal and/or justifiable?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Is the impact of the document/guidance likely to be negative?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If so, can the impact be avoided?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>What alternative is there to achieving the document/guidance without the impact?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Can we reduce the impact by taking different action?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

If you answered **NO** to all the above questions, the assessment is now complete, and no further action is required.

If you answered **YES** to any of the above please complete the

**Equality Impact: (B) Full Analysis**