Healthier Communities, Outstanding Care

AFC INDUCTION POLICY

	Policy

Reference	INDT POL PD		
Approving Body	Joint Staff Partnership Forum		
For publication to external SFH website	**Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:**		
	YES	**NO**	**N/A**
	X		
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Summary of Changes from Previous Version	Changes relate to Medics being removed from this policy. Update to Appendix 5 induction checklist.		
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Date of Environmental Impact Assessment (if applicable)	N/A		
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Review Date	December 2024		
Sponsor and Position	Director of People		
Author Position and Name	Gemma Gelsthorpe, Head of People Development Conall-Eve Silvester-Horvath, Leadership and Learning Development Lead		
Position of Person able to provide further Guidance/Information:	Gemma Gelsthorpe, Head of People Development		
Lead Division / Directorate / Specialty / Service / Department	People Directorate		
Associated Documents/ Information	**Date Associated documents/ information was reviewed.**		
Appendix 1: Equality Impact Assessment *Appendix 2: Environment Impact Assessment* *Appendix 3: Corporate Orientation* *Appendix 4 : Local Induction Checklist* *Appendix 5: Temporary/ agency/ nurse/HCA/ clinical staff* *Appendix 6: Volunteer Induction Checklist*	01.07.23 01.07.23 15.11.23 15.11.23 15.11.23 15.11.23		

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1.0   INDUCTION

Sherwood Forest Hospitals is committed to empowering and supporting our people to be the best they can be and recognises that the induction process is an integral part of this.

The Induction process supports individuals within their new roles, ensuring they have the relevant support and understand the essential knowledge, skills and behaviours to set them up for success.

The Induction process consists of:
- Corporate Orientation
- Clinical induction (clinical AFC colleagues only)
- Local area induction
- 30,60 and 90 Day appraisal conversation

The requirements of the induction are:
- All new staff new to the Trust must attend a corporation orientation within the first 4 weeks of starting. This includes bank and temporary staff
- All new clinical staff must attend the clinical induction
- All new staff new to the Trust, existing staff who move to a new role or team within the
- Trust and all temporary staff must complete a local induction within 4 weeks.

The Induction should support belonging and looking after our staff and introduce them to their role's day-to-day operations.

2.0   POLICY STATEMENT

The policy outlines the induction requirements and process for all staff employed at Sherwood Forest Hospitals under Agenda for Change terms and conditions.

Consultation on this policy has been conducted via the Joint Staff Partnership Forum and it's Subgroup.

3.0   DEFINITIONS/ ABREVIATIONS

Corporate Orientation: The Corporate Orientation titled 'Welcome to Team SFH' is a half-day training event delivered every two weeks (generally on a Monday). The day includes information specific to the Trust, including an overview of the Trust's aims, objectives and values; see Appendix 3 for the Programme. All new staff will attend within 4 weeks of starting.

Clinical Induction: The Non-Medical Clinical Induction is a face-to-face training Programme that all new clinical staff attend after the corporate orientation. It gives staff essential clinical mandatory and statutory training for their first year of employment where applicable for their role. This excludes conflict resolution and information governance.

Local Area Induction: The local induction is completed within 30 days by the line manager and provides support and clear expectations for new staff, volunteers, and staff moving job roles or returning from an absence longer than 12 months. They are critical in terms of our staff understanding, their roles, any mandatory training requirements and the working practices within their department.

E-academy: The E-academy is the Trust's internal online learning platform. New staff must complete the core mandatory 'Orientation' workbook within the first two weeks of their start date, along with any role-specific additional workbooks.

Temporary Staff: A person who is considered a member of staff but may be employed by another organisation (in a paid or unpaid capacity). This includes all agency and bank staff, learners on placement and volunteers.

New Staff: A member of staff who is new to the NHS or the Trust

4.0   ROLES AND RESPONSIBILITIES

Step 1: E-Learning
Teams/People Responsible: E-Learning team, managers and new staff

- **The E-Learning Team** are responsible for creating the staff accounts and enrolling them onto the 'Orientation Day' workbook. Depending on their job role, clinical staff may need to complete additional job-specific competencies covering key-specific learning for their work areas.

- **Managers** are responsible for ensuring new staff have completed the relevant training. The modules must be completed for substantive staff within two weeks of starting their role. **The OLM team** will contact staff to inform them if they are not compliant.

- **New staff** are advised to complete their mandatory E-learning workbook modules before the Corporate Orientation as it provides context the to the induction.

Step 2: Corporate Orientation:
Teams/People Responsible: Recruitment, Learning and Development and OLM

- The **Recruitment Team** invites and books new permanent and temporary staff onto the corporate orientation via TRAC. A copy of the booking is sent to the manager. If a new staff member fails to attend, their manage is informed. A new invite is sent via TRAC to attend the next corporate orientation. If there is no response from the new staff member it is assumed they have not accepted the offer of employment

- The **Learning and Development Team** are responsible for the facilitation, Programme, content and feedback of the corporation orientation. Every 6 months they will review the content to ensure it meets the needs of the Trust and employees. They are responsible for recording attendance and sending it to OLM for recording.

Step 3: Clinical Induction (Clinical AFC Colleagues only)
Teams/People Responsible: Recruitment, Professional Education Team, OLM and Managers

- The **Recruitment Team** invites and books new permanent and temporary staff onto the clinical induction via TRAC. A copy of the booking is sent to the manager. If a new staff member fails to attend, their manager is informed. A new invite is sent via TRAC to attend the next clinical induction. If there is no response from the new staff member it is assumed they have not accepted the offer of employment

- **The Professional Education Team** are responsible for the facilitation, Programme content, and feedback of the clinical induction. They are responsible for recording attendance and sending it to OLM for recording.

- Additional competencies issued during the Clinical Induction must be completed within 12 weeks. The competencies will be submitted via the associated paperwork uploaded to the E-Learning platform for verification. These competencies must be verified and recorded before further training for extended skills is undertaken.

- **Line Managers** are responsible for monitoring and checking that all new clinical staff due to start have attended the Clinical induction before beginning a shift.

Step 4: Local Area Induction
Teams/People Responsible: All staff, Nurse in charge, Professional Education Team, managers, People information and People Operational Development Lead.

- **All staff** will complete a Conflict-of-Interest Declaration form. The **manager** must place the form in their staff members personal file.

- For **Nurse agency staff** *Appendix 5* is completed by the **Nurse in Charge** of the ward/department on the staff members first shift. Once completed the Nurse in Charge will send it to the sfh-tr.petts@nhs.net. The **Professional Education Team** are responsible for monitoring compliance and sending a report to managers weekly and bi-monthly to Matrons.

- **For non-clinical staff** who attend the clinical induction, a separate process exists, and they will receive a local specialist induction to their areas, which is outside the remit of this policy. Contact sfh-tr.petts@nhs.net for more information.

- **The Line manager or person in charge** will ensure this is completed within the first 4 weeks for new staff, volunteers, and staff moving job roles or returning from an absence longer than 12 months. Once completed they will place it in the employee's personal file. For admin, clerical and non-nursing clinical staff, a copy is also sent to sfh-tr.trainingattendants@nhs.net *See Appendix 4*

- For volunteer members of staff, all induction checklists should be sent to and monitored by the PALs manager.

- The Local Induction forms part of the 30-Day appraisal conversation. The **line manager** will complete the appraisal documentation and place it in the employee's personal folder. The best practice is for the line manager to log in via ESR or email sft-tr.peopleinformation@nhs.net on the date of the 30-day appraisal conversation.

- Where staff persistently don't complete the local induction process, the Line Manager should contact their divisions People Lead for support and guidance

- The **People Development Operational Lead,** under the guidance of the Head of People, will undertake a 6 Monthly audit of 20 new permanent non-clinical staff over 6 Months to ensure that booking onto the corporate orientation has taken place, the local induction was completed within four weeks of their start date and received and input via the OLM team.

Line Managers

- Are responsible for ensuring new members are staff are to start work on the agreed start dates and that the that duty Rota/shift pattern/ hours of work for permanent member of staff allows for full attendance on the corporate orientation, clinical induction (where applicable) and time to complete the local induction.

Staff

- To take responsibility for identifying specific aspects of their role, where any information needs or additional training, they believe necessary to achieve competency for those duties.

- Engage in developmental discussions with their line manager to ensure that appropriate provision is agreed upon, managed, and delivered to achieve the necessary competencies.

- Not to carry out any procedure or activity for which they have not been sufficiently trained and are not signed off as competent.

- Identify and declare material interests at the earliest opportunity (and in any event within 28 days). If staff are in any doubt as to whether an interest is material then they should declare it, so that it can be considered. Declarations should be made:

  - On appointment with the organisation.
  - When staff move to a new role, or their responsibilities change significantly.
  - At the beginning of a new project/piece of work.
  - As soon as circumstances change and new interests arise (for instance, in a meeting when interests staff hold are relevant to the matters in discussion.

5.0   APPROVAL

The Joint Staff Partnership Forum are responsible for approving, updating, monitoring and developing the Trust's Induction Policy.

6.0   DOCUMENT REQUIREMENTS

Legislation and Guidance
All relevant legislation and national guidance have been considered and referenced in the development of this policy.

Impact Assessments
The relevant impact assessments have been completed in relation to this policy, see Appendix 1 and 2.

Consultation
Consultation has been carried out with senior managers, People Development Partners, key training and development leads and the Head of E-Rostering.

Communication
This policy and any subsequent changes made to the policy will be communicated via the staff bulletin and targeted to all key managers and specialist leads within the Trust.

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7.0 MONITORING AND COMPLIANCE

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used)	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often)	Responsible Individual, or Committee/Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc and by who)
Local induction check list for permanent non-clinical staff completed and submitted to OLM within 4 weeks	People Development Operation Lead and People Directorate	Completion of induction checklists. Report generated from OLM Team.	Bi-Monthly	Line managers, OLM and People Development Operation Lead. Results to be shared verbally with the People Resourcing and Development Sub-Cabinet
Local induction check list for agency nurse staff	Professional Education and Training Team	Completion of returned agency induction checklists Summary of completed agency induction checklists	Bi-Monthly	Ward Leaders: formal report Matrons, Chief and Deputy Chief Nurses: formal report

8.0   TRAINING AND IMPLEMENTATION

To be communicated to all staff and managers via the Trust Bulletin and presented at all relevant staff networks.

9.0   IMPACT ASSESSMENTS

This document has been subject to an Equality Impact Assessment, see completed form at Appendix 1
This document has been subject to an Environmental Impact Assessment, see completed form at Appendix 2

10.0   EVIDENCE BASE (Relevant legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

NHSA Standards

Related SFHT Documents

Mandatory Training Policy
AFC Appraisal Policy

11.0   KEYWORDS

Training, education, welcome, induction, corporate orientation, new starter, roles, responsibilities.

APPENDIX 1 EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Induction Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: September 2023			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	**a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?**	**b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?**	**c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality**
The area of policy or its implementation being assessed:			
Race and Ethnicity	The policy has been designed to ensure equality for all staff when undertaking their induction training	The policy has been designed to ensure equality for all staff when undertaking their induction training	
Gender	The policy has been designed to ensure equality for all staff when undertaking their induction training	The policy has been designed to ensure equality for all staff when undertaking their induction training	
Age	The policy has been designed to ensure equality for all staff when undertaking their induction training	The policy has been designed to ensure equality for all staff when undertaking their induction training	
Religion	The policy has been designed to ensure equality for all staff when undertaking their induction training	The policy has been designed to ensure equality for all staff when undertaking their induction training	
Disability	The policy has been designed to ensure equality for all staff when undertaking their induction training	The policy has been designed to ensure equality for all staff when undertaking their induction training	
Sexuality	The policy has been designed to ensure equality for all staff when undertaking their induction training	The policy has been designed to ensure equality for all staff when undertaking their induction training	
Pregnancy and Maternity	The policy has been designed to ensure equality for all staff when undertaking their induction training	The policy has been designed to ensure equality for all staff when undertaking their induction training	

Gender Reassignment	The policy has been designed to ensure equality for all staff when undertaking their induction training	The policy has been designed to ensure equality for all staff when undertaking their induction training	
Marriage and Civil Partnership	The policy has been designed to ensure equality for all staff when undertaking their induction training	The policy has been designed to ensure equality for all staff when undertaking their induction training	
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	The policy has been designed to ensure equality for all staff when undertaking their induction training	The policy has been designed to ensure equality for all staff when undertaking their induction training	

What consultation with protected characteristic groups including patient groups have you carried out?

- Discussed with EDI Lead

What data or information did you use in support of this EqIA?

- ESR staff data

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?

- No

Level of impact

From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact:

Low Level of Impact

For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.

Name of Responsible Person undertaking this assessment: Gemma Gelsthorpe

Signature: *Gemma Gelsthorpe*

APPENDIX 2– ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	• Is the policy encouraging using more materials/supplies? • Is the policy likely to increase the waste produced? • Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled?	NO	
Soil/Land	• Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) • Does the policy fail to consider the need to provide adequate containment for these substances? (For example, bunded containers, etc.)	NO	
Water	• Is the policy likely to result in an increase of water usage? (estimate quantities) • Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) • Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal)	NO	
Air	• Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) • Does the policy fail to include a procedure to mitigate the effects? • Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations?	NO	
Energy	• Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities)	NO	
Nuisances	• Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)?	NO	

APPENDIX 3 – CORPORATE ORIENTATION

APPENDIX 4 – LOCAL AREA INDUCTION

APPENDIX 5 – TEMPORARY/AGENCY/NURSE/HCA/CLINICAL STAFF

APPENDIX 6 – VOLUNTEER INDUCTION CHECKLIST