

AFC INDUCTION POLICY

POLICY

REF	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		
Issue date	20 December 2024		
Version	Version 11		
Summary of Changes from Previous Version	Changes relate to updating processes		
Supersedes	Version 10.1		
Document Category	People Directorate (Human Resources)		
Consultation Undertaken	Policy discussion and ratification through the Joint Staff Partnership Forum		
Date of Completion of Equality Impact Assessment	Reviewed 26/11/24		
Date of Environmental Impact Assessment (if applicable)	N/A		
Legal and/or Accreditation Implications	N/A		
Target Audience	All relevant Agenda for Change new starters to Sherwood Forest Hospitals		
Review Date	20 December 2026		
Sponsor and Position	Gemma Gelsthorpe, Head of People Development		
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	26.11.24		
Appendix 2: Environment Impact Assessment	26.11.24		
Appendix 3: Corporate Orientation	26.11.24		
Appendix 4 : Local Induction Checklist	26.11.24		
Appendix 5: Temporary/ agency/ nurse/HCA/ clinical staff	26.11.24		
Appendix 6: Volunteer Induction Checklist	26.11.24		

CONTENTS

Item	Title	Page
1.0	INTRODUCTION	3
2.0	POLICY STATEMENT	3
3.0	DEFINITIONS/ ABBREVIATIONS	3
4.0	ROLES AND RESPONSIBILITIES	4
5.0	APPROVAL	7
6.0	DOCUMENT REQUIREMENTS	7
7.0	MONITORING COMPLIANCE AND EFFECTIVENESS	8
8.0	TRAINING AND IMPLEMENTATION	9
9.0	IMPACT ASSESSMENTS	9
10.0	EVIDENCE BASE (Relevant Legislation/ National Guidance) and RELATED SFHFT DOCUMENTS	9
11.0	KEYWORDS	9
12.0	APPENDICES	9
APPENDICES		
Appendix 1	Equality Impact Assessment	10
Appendix 2	Environment Impact Assessment	12
Appendix 3	Corporate Orientation - Welcome to Team SFH	
Appendix 4	Local Induction Checklist	
Appendix 5	Temporary/ agency/ nurse/HCA/ clinical staff	
Appendix 6	Volunteer Induction Checklist	
Appendix 7	Leaders Fundamentals Agenda	

1.0 INTRODUCTION

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 employees 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 employees to the Trust, existing employees who move to a new role or team and all temporary employees must complete a local induction within the first 4 weeks

The local Induction should support belonging, looking after our people and introduce them to the day-to-day operations of their role.

2.0 POLICY STATEMENT

The policy outlines the induction requirements and process for all employees 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 its Subgroup.

3.0 DEFINITIONS/ ABBREVIATIONS

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 agenda. All new employees will attend the corporate induction within 4 weeks of joining SFH.

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

Leaders Fundamentals: This is a one-day face-to-face course for leaders joining SFH or new to a leadership role. The Leadership Development Team delivers it every three months with the support of other teams within SFH. The day focuses on giving leaders knowledge of the tools and support available and leadership expectations at SFH; see Appendix 7 for programme agenda.

Local Area Induction: The local induction is completed within 30 days by the line manager or relevant person. It provides support and clear expectations for new employees, volunteers, employees moving job roles, and employees returning from an absence longer than 12 months. The Local Induction is critical for enabling employees to better understand their roles, expectations, mandatory training requirements, and the working practices within their department.

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

Temporary Staff: This includes all agency and bank employees, learners on placement and volunteers.

New Employees: An employee 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 employees

- **The E-Learning Team** is responsible for creating employees' E-Learning accounts and enrolling them in the 'Orientation Day' workbook. Clinical colleagues may need to complete additional job-specific competencies covering key-specific learning for their work areas depending on their job role
- **Managers** are responsible for ensuring new employees have completed the relevant training. Substantive employees must complete the modules within two weeks of starting their role. **The Oracle Learning Management (OLM) team** will contact employees to inform them if they are not compliant
- **New employees** are advised to complete their mandatory E-learning workbook modules before the Corporate Orientation, as this provides context for 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 workers** for corporate orientation via TRAC. A copy of the booking is sent to the manager. If they fail to attend, their manager is informed. A new invite is sent via TRAC to attend the next corporate orientation. If there is no response from the person, it is assumed they have not accepted the offer of employment

- The **Learning and Development Team** is responsible for the facilitation, programme, content, and feedback of the corporation's orientation. They are responsible for recording attendance and sending it to OLM for recording
- The **Learning and Development Team** reviews the content and any requests for additions every 12 months to ensure it meets the needs of the Trust and employees. The Governance for the additions to the Corporate Orientation is conducted and approved by the **People Resourcing, Development, and Transformation Sub-Cabinet**

Step 3: Leaders Fundamentals (for managers only)

Teams/People Responsible: Recruitment and Leadership and Management

- The **recruitment team invites and books new permanent employees with line management** responsibility onto the leaders fundamentals course via TRAC. A copy of the booking is sent to the employee and manager. If an employee fails to attend, their manager is informed, and the **Leadership and Development Team** automatically book them onto an alternative date
- The **Leadership Development Team** is responsible for the facilitation, programme, content, feedback and recording attendance
- The **Leadership and Development Team** reviews the content and any requests for additions every 12 months to ensure it meets the needs of the Trust and employees. The Governance for the additions is conducted and approved by the **People Training and Education Sub-Cabinet**

Step 4: 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 employees for** clinical induction via TRAC. A copy of the booking is sent to the manager. If a new employee 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 employee, it is assumed they have not accepted the offer of employment
- **The Professional Education Team** is responsible for facilitating, delivering the programme content, and providing feedback on the clinical induction. They are also 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-academy 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 employees 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 employees** should complete a declaration of interest form at the start of employment: Conflict-of-Interest Declaration form: [Declaration of Interests](#)
- For **Nurse agency employees**, **Appendix 5 is completed by the Nurse in Charge of the ward/department** on the employee's first shift. Once completed, the Nurse in Charge will send it to **the Professional Education Training Team** at sfh-tr.petts@nhs.net. The Professional Education Training Team is responsible for monitoring compliance and sending a report to managers weekly and bi-monthly to Matrons
- **For non-clinical employees** who attend the clinical induction, a separate process exists. 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 employees, volunteers, and employees 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 5*
- For volunteer members, 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
- Where employees persistently don't complete the local induction process, the Line Manager should contact their divisions People Lead for support and guidance

Line Managers

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

Employees

- To take responsibility for identifying specific aspects of their role where any additional information or training they believe necessary to achieve competency is undertaken
- Engage in developmental discussions with their line manager to ensure 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 employees 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 employees 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)
- More information can be found in the conflict of [interests policy](#)

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 and key training and development leads

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.

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 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

- NHTA Standards

RELATED SFHFT DOCUMENTS

- Mandatory Training Policy
- AFC Appraisal Policy
- Conflicts of Interest 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: November 2024			
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 / Belief	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: <i>Gemma Gelsthorpe</i>			

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

APPENDIX 7 – LEADERS FUNDAMENTALS AGENDA