# INDUCTION ARRANGEMENTS FOR LOCUM, AGENCY AND TEMPORARY STAFF

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## SHETLAND NHS BOARD

## **POLICIES AND PROCEDURES**

## INDUCTION ARRANGEMENTS FOR LOCUM, AGENCY AND TEMPORARY STAFF

#### SHETLAND NHS BOARD

## Induction Arrangements for Locum, Agency and Temporary Staff

#### 1.0 POLICY STATEMENT

The Board is committed to ensuring the highest standards of patient care and safety throughout the services delivered, and at all times. It is recognised that in order to ensure the provision of services to which the Board has committed, temporary staff may have to be appointed to cover variable periods of time. Such cover may be necessary to cope with staff shortages through absence or difficulties in recruiting substantive staff.

Through the operation of this policy, the Board seeks to ensure that all temporary staff, whether supplied through the Board's own Bank staffing arrangements, as Locum cover, through an Agency or by other means of obtaining temporary staff, undertake an appropriate induction into the workplace. This induction will include, as minimum, relevant written information, workplace orientation with health and safety implications and introduction to key members of staff.

Separate specific induction/orientation arrangements are in place for Surgical Practitioners supplied by locum agencies and overseen by Consultant Surgeons.

#### 2.0 LENGTH OF APPOINTMENT

Other than in exceptional circumstances, the employment of long-term temporary cover will be avoided and wherever possible, substantive appointments made. However, when temporary cover is arranged that is known to be in excess of 2 weeks, the procedures recommended in the Board's 'Induction for New Employees' Policy should be followed, in preference to the minimum requirements recommended here.

Staff included on the Board's Bank staffing list should be taken through the procedures recommended in the Board's 'Induction for New Employees' Policy' when first registering on the list and should subsequently be included in the induction for temporary employees on the occasion of a new work assignment being undertaken where the individual has not been assigned work during the previous 6 months.

#### 3.0 TIMELY, RELEVANT INFORMATION

It is of particular importance to provide temporary staff with immediate, relevant information to ensure safety for patients, users and other staff and safety and motivation for the individual. There is an expectation, at times unrealistic, that temporary staff can pick up organisational processes and procedures more quickly than substantive staff and the individual, together with their colleagues, needs to be supported in this.

The minimum information to be provided to temporary staff before commencing work for the Board and dependent on the work area is as follows:

- Description of organisation
- Introduction to work area and staff with whom they will be working
- Confidentiality
- Professional expectations and compliance
- How to access support/lines of communication etc.
- Health and Safety issues
- Personal presentation and conduct
- Priority policies and procedures for the assigned work area and where to access the written documents
- Adult and Child Protection
- Waste disposal
- Control of infection
- Incident reporting
- Handling complaints
- Rules on smoking and alcohol
- Acceptance of gifts
- Location of facilities, e.g. cloakrooms, cafeteria, public telephones etc.

Wherever possible, line managers should have a prepared general information pack which can be issued in advance of the individual commencing work.

It is recommended that the Induction Checklist for Temporary Staff, attached as Appendix 1, be completed for each new temporary assignment and where temporary staff move between work areas.

The completed checklists should be signed out by the Line Managers conducting the induction and forwarded to the Staff Development Section. New employees are required to complete the moving and handling induction checklist and moving and handling training needs form to identify if they are competent and safe to carry out the moving and handling duties required for their role. Any skill or knowledge deficits identified will be addressed either by attending moving and handling training or undergoing moving and handling competency assessment. All new employees will be competency assessed regarding moving and handling (Appendix 2, 3).

#### 4.0 PROVISION OF WRITTEN INFORMATION

Where temporary staff may have to refer to written information during the course of their duties, this should be provided at the commencement of their assignment or, if more appropriate, explicit guidance must be given as to where to access the information, e.g. in the Line Manager's office, the Personnel Department etc. This would include incident reporting, complaints procedure etc.

Line Managers presenting induction should be careful not to overload the member of staff and to provide brief written guidance where possible to complement the wealth of information given verbally. It is recommended that Line Managers give particular consideration to prioritisation of policies and procedures for key work areas and that a reusable list is compiled as an induction and audit tool.

Common sense should prevail with regard to the level of information required to undertake what may be a very brief temporary assignment.

#### 5.0 RECORDING OF INDUCTION PROCEDURES

Heads of Department must be able to demonstrate robust induction procedures for audit purposes and departmental induction processes should be in a written format and easily accessible to audit staff whether internal or external.



Appendix 1

### TEMPORARY EMPLOYEE INDUCTION CHECK LIST

Department
Name of Employee
Job Title
Start Date

#### INDUCTION PROGRAMME FOR NEW EMPLOYEES

Heads of Department and line managers are recommended to refamiliarise themselves with the Induction Procedures and Guideline for Managers, available in the HR Policies and Procedures Manual and on the Board's Intranet site on each occasion a new employee takes up post.

Heads of Departments and other designated officers must use this checklist for the induction of new employees into the Board. This must be done within the first month of employment. Health and Safety issues and all items marked with a star must be covered on the employee's first day. The new member of staff should be asked to tick each box and initial when they have been adequately informed to their satisfaction about each subject. When this has been done the employee should sign and date the form and return it to their immediate line manager for forwarding to the Staff Development Section for retention within the terms of the Data Protection Act 1998.

Not all the following subjects are applicable to all departments. If this is the case record 'not applicable' (n/a).

Please make reference to the Policies and Procedures Manuals as appropriate.

### ITEMS TO COVER WITH EACH NEW EMPLOYEE

	Complet	ed Initials
1.	Description of organisation	
2.	Introduction to work area and staff with whom working	
3.	Confidentiality*	
4.	Professional expectations and compliance	
5.	How to access support/lines of communication etc.	
6.	Health and Safety issues*	
7.	Personal presentation and conduct*	
8.	Priority policies and procedures*	
9.	Hand Hygiene*	
10.	Use of Personal Protective Equipment aprons, gloves, etc.*	
11.	Procedure for protection against occupational infection with Blood Borne Viruses*	
12.	Control of the environment*	
13.	Isolation Barrier Room procedures*	
14.	Management of blood and other body fluid spillages*	
15.	Cleaning of care equipment*	

16.	Patient Placement Procedure*	
17.	Safe management of linen*	
18.	Safe disposal of waste*	
19.	Management of MRSA*	
20.	Management of Clostridium Difficile*	
21.	Where to access the Infection Control Intranet page*	
22.	Incident reporting*	
23.	Handling complaints	
24.	Rules on smoking and alcohol*	
25.	Acceptance of gifts	
26.	Location and facilities	

I confirm that I have been informed about and understand all of the above items relevant to my employment with Shetland NHS Board.

Name of employee (print).....

Signature of employee.....

Date.....

I confirm that the above induction programme has been completed for the above employee

Name of Head of Department (print).....

Signature of Head of Department or other authorised officer.....

Date.....

The completed documentation was received and recorded by the Staff Development Dept, on the Human Resources Information System, and retained in accordance with the requirements of the Induction Procedures and in line with the Data Protection Act 1998:

Signature (Staff Development) .....

Date.....

#### Appendix 2 Induction Checklist - Ward/Dept Patient Handling Staff

The employee	has an awareness of:	Yes / No	Comments
Organisation'	s Manual Handling Policy		
Responsibiliti	es as stated in MH Policy		
Local / depart	tmental M and H Procedures		
Generic Patie	ent Handling Risk Assessments		
Generic Inani	mate Load Handling Risk		
Assessments			
<ul> <li>Individual Pat</li> </ul>	ient Moving and Handling Assessment		
Forms (Mobili	ity Charts/Care Plans etc)		

## The employee is familiar with Ward/Department Equipment (list, including make and model)

		Yes	No	Comments
•	Passive Hoists e.g. Liko Viking			
•	Active Hoists e.g. Stand-aids Oxford			
•	Slings			
•	Slide sheets			
٠	Lateral Transfer boards			
	e.g. Pat-slide			
Ot	her			

The employee has awareness of Moving and Handling Safe Systems of Work to include:

	COMMENTS
Falling patient	
Fallen patient	
Cardiac Arrest situations	
Emergency Evacuations	
Escorting a Patient	
Bariatric Patients	
Other	

#### Awareness of Moving and Handling Training requirements:

Moving and Handling training before commencement of duties on wards/departments. Thereafter refresher Updates/Workplace assessments on an annual basis Exceptions to this must be evidence based: e.g. risk assessment, competency assessments, injury data, IR1/RIDDOR, OH data, local sickness absence.

#### Contacts for Moving and Handling Information/Advice:

Name of Manager (print):\_\_\_\_\_ Sig

S	ig	na	atu	ır	е	

Date\_\_\_\_

Name of Employee (print):\_\_\_\_\_ Signature \_\_\_\_\_

Date

Ward/Department/Local base: Unit/Directorate/CHP:	11		٥٢ ١٢	Job Title / Band:		
Unit/Directorat	envlocal bas	e:	Ō	Commencement Date:	it Date:	
	te/CHP:			Unique ID (e.g. Payroll No.):	ayroll No.):	
	Please	state which of the f	Please state which of the following FOUNDATION MODULES you have completed:	ULES you hav	e completed:	
Modules For Po	Essential Modules For Post (please tick)	Date completed	Training Requirements	ints	Date for Training	Completed Yes / No
A					t	
8						
U						
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Date:

Signature:

Name of Employee (Print):\_

#### Appendix 3 Induction Checklist – Ward/Dept Inanimate Load

#### **Handling Staff**

The employee has an awareness of:	Yes / No	Comments
Organisations Manual Handling Policy		
Responsibilities as stated in MH Policy		
Local / departmental M and H		
Procedures		
Generic Inanimate Load Handling Risk		
Assessments		
Incident Reporting System		

The employee is familiar with equipment required to be used				
List Equipment e.g. pallet truck, bed mover, self levelling container:				
	Yes	No	Comments	
•				
•				
•				
•				

Awareness of Moving an	d Handling Safe Systems of Work to include:
Safe use of equipment	eg Use of platform truck
	Comments
<ul> <li>DSE Assessments</li> </ul>	
• Other	

#### Awareness of Moving and Handling Training requirements:

Moving and Handling training before commencement of duties on
wards/departments, thereafter Refresher Updates/Workplace assessments on an
annual basis, exceptions to this must be evidence based e.g. risk assessment,
competency assessments, injury data, IR1/RIDDOR, OH data, local sickness
absence.

Contacts for Moving and Handling Information/Advice:

Name of Manager (print):\_\_\_\_\_ Signature \_\_\_\_\_

Date\_\_\_\_\_

Name of Employee (print):\_\_\_\_\_ Signature \_\_\_\_\_

Completed Yes / No Induction checklist – Moving and Handling Training Needs Form for Inanimate Load Handling Staff Date for Training Date: Please state which of the following FOUNDATION MODULES you have completed: Unique ID (e.g. Payroll No.): Commencement Date: Job Title / Band: **Training Requirements** Signature: Date completed Ward/Department/Local base: **Essential Modules** For Post (please tick) Full Name (please print): Name of Manager (print): Unit/Directorate/CHP: Comments Modules A B F

Date:

Signature:

Name of Employee (Print):

#### Date\_