

In light of the COVID-19 outbreak it has been necessary to make temporary changes to this Policy Document. Therefore when reading the policy document please take account of the changes highlighted in Part B and C of this form.

PART A – INFORMATION ABOUT THIS POLICY DOCUMENT

Policy Name	Induction, Mandatory Training & PACE			Reference No	HR28	
Executive Lead <i>(Trust-wide policies)</i>	Executive Director of Workforce					
Chief Operational Officer <i>(Clinical Division policies)</i>						
Policy Document <i>(Tick only one)</i>	Trust-wide (Board approved)	<input type="checkbox"/>	Trust-wide (Executive Director approved)	<input checked="" type="checkbox"/>	Secure & Specialist Learning Disabilities Division	<input type="checkbox"/>
	Community Division	<input type="checkbox"/>	Local Division	<input type="checkbox"/>		
Type of Policy <i>(Tick only one)</i>	Clinical Policy		<input type="checkbox"/>	Non-clinical Policy		<input checked="" type="checkbox"/>
Clinical Policy Only <i>(Tick only one)</i>	Minor Change <i>(Not referred to the Clinical Cell)</i>		<input type="checkbox"/>	Major Change <i>(Referred to Clinical Cell, then to SCG for approval)</i>		<input type="checkbox"/>
Approving Body <i>(Tick only one)</i>	Board of Directors	<input type="checkbox"/>	COVID-19 Strategic Coordination Group	<input checked="" type="checkbox"/>	Community Division Tactical Coordination Group	<input type="checkbox"/>
	Corporate Division Tactical Coordination Group	<input type="checkbox"/>	Local Division Tactical Coordination Group	<input type="checkbox"/>	Secure & Specialist LD Division Tactical Coordination Group	<input type="checkbox"/>

PART B – CHANGES TO THE POLICY DOCUMENT

Section / Paragraph No	Outline of the information that has been amended in this policy document
Changes approved on 6 April 2020	
3.1; 3.2	Refers to attendance at Trust Corporate Induction day, due to COVID situation all face to face training (except PSS; Security) has been cancelled since 30.03.20. All new starters are expected to complete the core mandatory e-learning modules from home prior to commencement and this is communicated with instructions to all new recruits via email.
5.9	All role specific mandatory training traditionally delivered as face to face where possible has been replaced by e-learning in order to comply with social distancing. The exceptions to this are PSS; Security and Boundaries training which are now delivered in no more than groups of 4:1 trainer.
5.14; 5.19; 5.20; 5.21; 5.22	Refresher training for existing staff has been suspended since 06.04.20 therefore the Trust KPI's will not be achievable during the crisis period and an extension for those staff that become non-compliant during this time will be applied once in recovery, this has been agreed and extended for a further 6month period
Changes approved on 28 April 2020	
8.1; 8.4	The 'window' to begin the annual PACE review usually takes place between April – June each year, however 2020 PACE has been adapted to current operating context by -: 1) Postponing the opening of the PACE window which would usually have commenced on the 1 April 2020 for 3 months in line with national guidance 2) Sharing widely the "PACE Yourself" Leadership Checklist tool encouraging Team Leaders to use as a supportive tool with all team members (already communicated via Amanda Oates #Bekind weekly article). No requirement to monitor or report on the use of this as a tool.

COVID-19 DOCUMENT CHANGE FORM

	3) Launching a stripped back version of current PACE to focus on individual support, learning, continuing needs, priorities and aspirations against our CARES values on 1 July 2020
Changes approved on 22 May 2020	
1.12	<p>New measures are being introduced to monitor compliance of Trust Induction for all new starters that have joined the Trust since 1 April 2020:</p> <ul style="list-style-type: none"> • The 'core' mandatory training modules will be completed within the first 30 days of commencement to the Trust • Local Induction checklist completed within the first 30 days of commencement to the Trust • Role specific remains at 90 days completion within start date to Trust <p>The overall Trust trajectory target for 2020/21 financial year will be 90% completion for all 3 measures.</p>

PART C – RATIONALE FOR CHANGES

Please explain why this document needs to be amended during the COVID-19 outbreak

Changes approved on 6 April 2020

NHS Employers issued guidance on the 4th April recommending to Trusts that all refresher mandatory training for existing staff is suspended during the crisis period. A Sitrep was completed and approved by the COVID-19 Strategic Coordination Group on the 06.04.2

Changes approved on 28 April 2020

National NHS Guidance received to date (Letter to Chief Execs from NHSE 28th March) suggests only a "pause" on performance appraisal

Changes approved on 22 May 2020

Clarification of the induction process for new starters since 1 April 2020

PART D – APPROVAL (for completion by officer loading policy document onto intranet / website)

Date Referred to the Clinical Cell <i>(Clinical Policies only)</i>	
Date Referred by the Clinical Cell to the SCG <i>(Clinical Policies only)</i>	
Date Approved by the Approving Body	6 April 2020 & 28 April 2020 & 22 May 2020
Date Circulated to Relevant Staff	7 April 2020 & 5 May 2020 & 28 May 2020
Date Published on the Divisional Intranet / Trust Website	7 April 2020 & 5 May 2020 & 28 May 2020

Note – the Approving Body to send this form to the appropriate divisional officer (for divisional policies) or the Corporate Governance Team (for trust-wide policies) who will be responsible for adding this form to the front of the existing policy and then uploading these onto the intranet / trust website.

TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

INDUCTION, MANDATORY TRAINING & PERSONAL ACHIEVEMENT CONTRIBUTION EVALUATION

Policy Number:	HR28
Scope of this Document:	All Colleagues
Recommending Committee:	Strategic Workforce Committee
Approving Committee:	Executive Committee
Date Ratified:	January 2020
Next Review Date (by):	January 2021
Version Number:	Version 4
Lead Executive Director:	Executive Director of Workforce
Lead Author(s):	Learning & Development Manager

TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

Version 4

Striving for Perfect Care and a
Just Culture

TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

INDUCTION, MANDATORY TRAINING & PERSONAL ACHIEVEMENT CONTRIBUTION EVALUATION

Further information about this document:

Document name	INDUCTION, MANDATORY TRAINING & PERSONAL ACHIEVEMENT CONTRIBUTION EVALUATION (REFERENCE NUMBER HR28)
Document summary	This policy describes the Trusts approach to the delivery of induction, appraisal, mandatory training delivery and the importance of staff compliance to these processes.
Documents to be read in conjunction with this policy	UK Core Skill Framework Version 1.3 HR05 Learning & Development (Education) policy Staff Charter
Author(s)	Strategic Workforce Development & Education Lead
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Published by	Mersey Care NHS Foundation Trust V7 Building Kings Business Park Prescot Liverpool L34 1PJ
Copies of this document are available from the Author(s) and via the trust's website	Trust's Website www.merseycare.nhs.uk
This document can be made available in a range of alternative formats including various languages, large print and braille etc.	
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Version Control:

		Version History:
Approved	2015 Version 1	2015
Draft 1	2016 Version 2	2016
Approved	January 2019 Version 3	2019
Approval	January 2020 Version 4	2020

SUPPORTING STATEMENTS – this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- a. being alert to the possibility of child, adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/adult;
- b. knowing how to deal with a disclosure or allegation of child/adult abuse;
- c. undertaking training as appropriate for their role and keeping themselves updated;
- d. being aware of and following the local policies and procedures they need to follow if they have a child or adult concern;
- e. ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- f. participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- g. Ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- h. ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality, **D**ignity and **A**utonomy

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1 INTRODUCTION

- 1.1 Robust induction practices are an essential part of welcoming new colleagues into our Trust.
- 1.2 Mersey Care Induction occurs at three levels within the process:
1. Corporate induction to the Trust. The process includes one day of mandatory e learning training and is the start of planning role specific mandated training.
 2. Divisional – which relates to individual requirements of the division.
 3. Work place Induction level – i.e. introduction to the service, team or ward environment. This also include a Personal Achievement Contribution and Evaluation (PACE) appraisal meeting within 3 months of starting within the Trust
- 1.3 The aim of a systematic induction is to cover all of the core mandatory requirements and ensure that colleagues have access to all 3 elements found within the induction process, in an appropriate time frame and as an enabler to ensure colleagues are safe and effective to go into their practice.
- 1.4 Induction is the process to enable our employees to recognise and understand our organisations strategy and plans for perfect care, values and staff charter to enable them to have a clear appreciation of expectations and the Trusts commitment to supporting staff to be effective in their new posts.
- 1.5 It is important that the individual recognises that induction is the beginning of a journey of life long learning within their career at Mersey Care and is part of their continuous personal / professional development (CPD)
- 1.6 Delivery of a comprehensive induction indicates a high level of commitment to our new employees, ensuring that they feel welcomed into the organisation and that they feel competent and confident to deliver high quality care and services.
- 1.7 Mersey Care NHS Foundation Trust (MCFT) is committed to ongoing development of its colleagues. It is also committed to the equality and human rights of all colleagues, service users and carers who are involved in the Trust.
- 1.8 Mersey Care is committed to valuing diversity. We will challenge inequalities within any provision. We will ensure that all learners are treated with dignity and respect. Within all our opportunities for development we recognise and respond to the varying needs of all our learners to enable all colleagues to reach their full potential.
- 1.9 We expect all our colleagues to commit to all elements of induction i.e. Corporate, Divisional and work based induction.
- 1.10 Induction begins during the selection process, when the job applicant starts to form first impressions of the people who they will work with and an impression of Mersey Care NHS Foundation Trust as a place to work.
- 1.11 Divisional & work based induction is specific to each division and is in addition to the corporate induction.
- 1.12 Colleagues must complete mandatory training on induction and ensure they meet their mandatory training requirements within 90 days of starting within the Trust
- 1.13 Colleagues must continue to complete their mandatory and role specific mandated training within the specified refresher periods found within the prospectus and against their ESR/OLM positions on their profile within the system throughout their employment within Mersey Care.

- 1.14 This ensures safety to practice and recognises that our commitment to the continual improvement of our colleagues will have a positive impact on the patients, carers and families we serve.
- 1.15 This policy will require periodic review in conjunction with clinical and regulatory standards and any health and care education and national drivers to ensure we meet the need for changes in training to ensure knowledge and skill development and transferability of learning to practice is achieved across the Trust.
- 1.16 To ensure structures and operational efficiencies and responsiveness to external issues such as cutbacks in funding, structures and processes are recognised and any risks to delivery reported.

2 SCOPE

2.1 This policy applies to all permanent, temporary and seconded colleagues; in all staff groups and all contract types, including bank workers and students.

2.2 COLLEAGUES WITHIN SCOPE OF POLICY

- **PERMANENT-COLLEAGUES** - All colleagues (permanent and temporary) under a contract of employment with the organisation, including Junior Medical Staff (including Trainees)
- **BANK WORKERS** – Bank colleagues must attend corporate induction and should also complete divisional and work based induction. All mandatory training will be undertaken by bank colleagues prior to commencement in any division.
- **TEMPORARY** - For example locums and agency workers are only required to complete a divisional and work based Induction. Temporary colleagues are employees of the supplying organisation, therefore the responsibility for all other training and development lies with the employing organisation and not MCFT
- **CONTRACTORS** are neither temporary nor permanent and are not required to undertake any type of Induction or Mandatory Training via the Trust. The suitability and required training to work within the Trust must be identified and assessed during the contractual stage. Dependent upon the level of risk identified, i.e. coming into contact with any patients all employees of contracting organisations to demonstrate completion of mandatory training as a minimum and will be provided with access to MCFT policies to gain a clear understanding of procedures and expectations when working within the boundaries of the Trust.
- **COLLEAGUES FOLLOWING TUPE TO MERSEY CARE** - All colleagues joining our organisation under TUPE agreements will be expected to undertake a full Corporate Induction program. An analysis of their training records will also be undertaken by the Learning and Development Team to establish the validity of their previous mandatory training. Completion of divisional and work based induction is a requirement.

3 INDUCTION AND MANDATORY TRAINING REQUIREMENTS

3.1 CORPORATE INDUCTION

3.2 This is an interactive, coproduced, value based program to welcome and support the individual in settling into their new role within the organization. It provides an overview of MCFT, its strategy and plans for perfect care. The process also includes an introduction to the values and staff charter as it gives the individual a strong sense of our values and what they stand for.

3.3 Colleagues will begin their learning journey during corporate induction where they will have a demonstration of how to access their e learning including log in and password access. They will have information on the prospectus and how to access their mandatory training.

3.4 As part of the corporate induction process new colleagues will be required to complete mandatory e- learning and face to face learning as identified within the Trust prospectus within 90 days of commencing employment with the Trust.

3.5 In the rare event that the new employee commences work in their area before having attended Corporate Induction, their Line Manager must ensure the new employee attends the next available Induction.

3.6 Attendance of colleagues on corporate induction is captured within ESR. Any non attendance is recorded on the register and reported to the recruitment team.

3.7 **DIVISIONAL INDUCTION**

Clinical divisions provide an introduction to their division. This is an overview of services and plans and introduces colleagues to the management and governance within the division. It includes an opportunity to meet the senior managers and includes a further supported session on e learning courses required within the division.

3.8 **WORK PLACE INDUCTION**

3.9 Managers are responsible for ensuring a Workplace Induction within their team/service is organised and undertaken for all new employees and for new team members (even if they were previously working in another department in the Trust).

3.10 This will be undertaken using the Trusts Checklist found on the intranet in the Managers Hub section (Appendix A)

3.11 Managers will ensure each new employee receives any initial support required during the first weeks within in their new role.

3.12 All colleagues who change roles within the Trust must undertake work based Induction within their new work area.

3.13 Everyone who is newly employed or is transferred from one role or service area to another requires induction. To ensure their own safety to practice as well as the service users/patients. It is the opportunity to introduce people to their new environment and the people they work with and give them the information and guidance they need to become familiar with the Trust and its policies and practices.

3.14 Managers will be required to sign off completion of work based induction for permanent and fixed term staff within 90 days, currently a manual process, that from April 1st 2019 will be automated as part of the Personal Achievement Contribution Evaluation (PACE) process in line with the Pay advisory notice issued 1st July 2018 where pay increments will be subject to appraisal and training completion. Trust induction forms remain on the wards.

4 CARE CERTIFICATE (CLINICAL COLLEAGUES)

4.1 The Care Certificate contains 15 core standards and is part of the induction process for all bands one to four who work with patients.

4.2 On induction colleagues that have not completed the certificate or Health and Social Care level two or three (which covers the award) will be enrolled on the course or on any outstanding modules.

4.3 The course lasts approximately 12 weeks which includes the work based observations.

4.4 The course aligns to 8 mandatory training modules and data protection awareness.

- 4.5 New colleagues who have not been awarded the certificate are not acknowledged as safe to practice as these are a fundamental set of induction standards. In addition colleagues are not eligible to progress to higher academic qualifications such as registered nurse without it.

5 TRAINING DEFINITIONS

- 5.1 The mandatory training requirements recommended by the appropriate subject matter experts in line with national and Trust policy are approved and signed off by the Strategic Workforce Group.

MANDATORY TRAINING & UK CORE SKILLS TRAINING FRAMEWORK (CSTF)

- 5.2 Training requirements for each staff group are specified within ESR/OLM.
- 5.3 Requirements to complete are distinguished by mandatory (all colleagues) and role specific mandatory (service specific)
- 5.4 These subjects promote effective risk management and ensure quality and safety in the practice of our colleagues for patients, carers and their families.
- 5.5 Delivery of these subjects enables Mersey Care to meet its legislative and regulatory compliance requirements.
- 5.6 Mandatory training is delivered during induction (within 90 days) and refreshed in accordance with the annual Learning & Development Prospectus
- 5.7 Mersey Care has adopted the UK Core Skills Training Framework (CSTF) for its mandatory subjects. The subjects are common to all health care organisations. Adoption of this guidance is necessary to streamline subjects for consistency across organisations. It also ensures the Learning & Development team, are able to work alongside Subject Matter Experts (SMEs) to examine the guidance and align learning outcomes to this evidence based framework.
- 5.8 In addition it ensures efficiency and prevents unnecessary duplication of delivery to colleagues that move within NHS organisations signed up to this framework.
- 5.9 All CSTF subjects are delivered by either e learning, face to face or on line video talks which enables a true blended approach to learning within MCFT.
- 5.10 The following section describes subjects which reflect agreed differentiation in the main titles of the core subjects. This was approved by SWG.
Titles now include,
Mandatory training (changed from statutory training)
Mandated training role specific
Continuing Personal Development

MANDATORY TRAINING – ALL COLLEAGUES

- 5.11 These include 8 subjects defined within the UK CSTF which enables MCFT to meet its mandatory requirements. ALL COLLEAGUES are required to complete these subjects.
- 5.12 All subjects within this list are reported on the BIT dashboard.
- 5.13 MCFT also include Data Security Awareness within this list as a 9th subject highlighting the risk level of non compliance with this training. Data Security Awareness is reported separately but the Trust accepts the subject as mandatory to accept the national legal responsibility the Trust has to protect confidential and sensitive information and data.

SUBJECT	REFRESHER PERIOD
Conflict Resolution	Every 3 Years

Equality, Diversity and Human Rights	Every 3 Years
Fire Safety	Every 3 Years
Health & Safety	Every 3 Years
Infection Control	Every 3 Years
Moving & Handling	Every 3 Years
Safeguarding Adults - Level 1	Every 3 Years
Safeguarding Children - Level 1	Every 3 Years
Data security Awareness	Annually

- 5.14 The Trust performance targets require 95% of colleagues to achieve **100% completion of their training mandated for their role.**
- 5.15 Trajectories for the incremental achievement of the 95% performance target are set for each subject. This is monitored each month by the Strategic Workforce Group.
- 5.16 **Mandatory subjects** are required to be completed within **90 days (12 weeks) of induction** and then refreshed as detailed within the training matrix definitions aligned within our systems and annual prospectus.
- 5.17 **ROLE SPECIFIC MANDATED TRAINING**
- 5.18 In addition to the mandatory training, role specific mandatory training is delivered for clinical roles.
- 5.19 All subjects within this list are reported on the BIT dashboard
- 5.20 These mandated subjects are determined and monitored by the Strategic Workforce Group chaired by the Executive Director of Workforce.
- 5.21 This training is delivered within 12 months of induction and then refreshed as defined within the training matrix definitions and the annual prospectus.
- 5.22 The table below demonstrates incremental trajectories aligned to this training
- 5.23 Managers will be required to sign off completion of mandatory training within 12 weeks of induction in colleagues PACE profile (available from 2019 window as part of increment approval)

TABLE: COURSE TRAJECTORY TARGETS

Competency name	September	October	November	December	January	February	March
Basic Life Support (Every Year)	78%	80%	82%	84%	86%	88%	90%
Basic Prevent Awareness (Every 3 Years)	90%	90%	90%	90%	90%	90%	90%
Controlled Drugs and High Risk Medicines (Every 3 Years)	80%	80%	82%	84%	86%	88%	90%
Deprivation of Liberties – Level 1 (Every 3 Years)	90%	90%	90%	90%	90%	90%	90%
Intermediate Life Support (Every Year)	65%	68%	70%	75%	80%	85%	90%
Medicines Calculations (Every 3 Years)	80%	80%	82%	84%	86%	88%	90%
Mental Capacity Act – Level 1 (Every 3 Years)	90%	90%	90%	90%	90%	90%	90%
Mental Health Act – Level 1 (Every 3 Years)	90%	90%	90%	90%	90%	90%	90%
MHA/DoL's Level 2 (Every 3 Years)	70%	75%	80%	85%	90%	90%	90%
Moving and Handling of People (Every Year)	70%	75%	80%	85%	90%	90%	90%
Must Adapted Nutritional Screening	70%	75%	80%	85%	90%	90%	90%
News2Practical – (Annual)	70%	75%	80%	85%	90%	90%	90%
News2 Theory – (Annual)	70%	75%	80%	85%	90%	90%	90%
Personal Safety (Every Year)	75%	75%	80%	85%	90%	90%	90%
Personal Safety Breakaway – level 1 (Every 2 years)	75%	75%	80%	80%	90%	90%	90%
Personal Safety Breakaway – level 1 (Every Year)	75%	75%	80%	80%	85%	90%	90%
Rapid Tranquilisation Training (Every 3 Years)	80%	80%	82%	84%	86%	88%	90%
Safe and Effective Use of Medicines (Every 3 Years)	75%	80%	84%	87%	90%	90%	90%
Safeguarding Adults Level 2 – Trust Model (Every 3 Years)	90%	90%	90%	90%	90%	90%	90%
Safeguarding Adults Level 3 – Trust Model (Every 3 Years)	90%	90%	90%	90%	90%	90%	90%
Safeguarding Children Level 2 – Trust Model (Every 3 Years)	90%	90%	90%	90%	90%	90%	90%
Safeguarding Children Level 3 – Trust Model (Every 3 Years)	90%	90%	90%	90%	90%	90%	90%
Witness to Medication (Every 3 Years)	70%	75%	80%	85%	90%	90%	90%

5.24 **CONTINUING PERSONAL DEVELOPMENT SUBJECTS**

5.25 These are courses that are completed within 12 months of induction at the request of MCFT but are not formally monitored or reported against as a KPI.

SUBJECT	REFRESHER PERIOD
Adverse Incidents	Once Only
Complaints	Once Only
Dementia Awareness	Once Only
Fraud Awareness	Once Only
Moving and Handling of Inanimate Objects	Every three years
Smoking Cessation	Once Only
Suicide Prevention & Safety Planning	Every 3 Years

6 **DUTIES AND RESPONSIBILITIES**

6.1 **CHIEF EXECUTIVE**

6.2 As Accountable Officer, the Chief Executive must ensure that responsibility to deliver an effective Induction with the Induction, Mandatory training and PACE portfolio delegated to an appropriate Board Member who will monitor performance against associated KPIs

6.3 **EXECUTIVE DIRECTOR OF WORKFORCE**

6.4 As nominated Board Member, the Executive Director of Workforce must ensure that robust systems and processes are in place to develop and deliver an effective Induction, Mandatory Training and PACE program and will monitor the processes and risks in implementation of this policy.

6.5 The Executive Director of Workforce is the accountable Director for this policy and is Chair of the Strategic Workforce Group that oversees this policy.

6.6 **LEARNING & DEVELOPMENT (L&D) MANAGER**

6.7 The Learning & Development Manager will be responsible for ensuring that the processes contained within this policy are monitored and reviewed regularly. The L&D Manager will oversee the review of the Trust wide annual Prospectus.

Interdependent work required between HR Workforce Systems and Systems and Business Intelligence Team will be overseen by the L&D Manager to ensure the ESR/OLM systems and processes are aligned to Learning & Development Standard Operating Procedures.

The L&D Manager delivers a variety of reports across the organisation to highlight compliance data.

6.8 **STRATEGIC WORKFORCE GROUP (SWG).**

6.9 The Strategic Workforce Group has responsibility for governance of Workforce Strategy, planning and performance. This group is chaired by the Executive Director of Workforce.

6.10 The Learning & Development Manager presents relevant information regularly at this group and all divisions are monitored and challenged on all aspects of their performance against achievement of Trust targets and trajectories.

6.11 SWG is responsible for ensuring all elements within this policy are followed through and provides assurance to the Trust Board of Directors.

- 6.12 Mandatory training and performance is reported and managed within this group. Risks are escalated to the Executive Board by the Executive Director of Workforce.
- 6.13 Any changes required to current Mandatory or Role Specific Mandated training which includes a requirement for the colleague to be away from the work area in order to complete requires approval of SWG
- 6.14 Subject Matter Experts (SMEs) must present a paper to SWG explicitly outlining proposed changes
- Additions or amendments to training with the rationale. This must be accompanied by any relevant linked policy or strategy.
 - What form of training is required (proposed teaching method)
 - Who the training is for by appropriate job role/position
 - Refresher period.
 - Cost of training including the cost of any potential back fill required.
 - How this training is governed i.e. evaluated, actions on poor compliance, escalation process.

6.15 **DIVISIONAL MANAGERS /HEADS OF SERVICE TO ENSURE**

- Colleagues attend Corporate Induction and complete all their mandatory training both e-learning and any classroom (taught) sessions within 12 weeks of commencing employment in the Trust
- Managers support the release of colleagues, to attend induction and then attend at specified refresher periods for their mandated role specific training requirements to ensure safety to practice.
- Colleagues complete work based Induction
- This policy is cascaded throughout their services, ensuring that arrangements are in place to comply with this policy
- They monitor their divisions compliance within this policy
- Progress against 95% mandatory training compliance trajectory and ensure this is discussed at monthly divisional/service/ward meetings/performance review meetings
- Managerial action takes place in the instance of non and poor-compliance
- The appropriate team are advised of any operational difficulties which affect completion of training
- They make suggestions for improvements in compliance at SWG

6.16 **LINE MANAGERS MUST ENSURE**

- Colleagues attend and complete their corporate Induction, work place Induction
- That colleagues complete 9 mandatory e-learning modules within the specified timescales within 12 weeks and then as refresher period outlines
- Individual staff attend mandatory role specific training requirements to ensure safety to practice on induction and then at specified refresher periods.
- Recruitment undertake checks and book staff onto induction. However if a manager requires a member of staff to start work before a slot can be accessed permission needs to be sought from Deputy Work Force Director or Chief Operating Officer to approve any start date which is prior to induction
- They ensure any bank or temporary member colleague is checked for mandatory compliance prior to commencing work
- If bank or temporary colleagues are on their first shift on the area, that they complete the appropriate work based check lists with the staff member

- That they commit to planning training effectively to enable colleagues to undertake mandatory and mandated role specific training to ensure safety and quality in practice.
- That a compliance of 100% in mandatory training is discussed during their PACE and when an individual applies for any courses
- That they follow up reasons for non-attendance/non completion of training, taking managerial action where required as a performance issue
- They inform their own line manager of any circumstance preventing compliance with this policy
- That they complete relevant workforce transaction forms to inform HR to make necessary changes within ESR/OLM of all new staff members, colleagues on long term leave including an absence of 28 days or more, maternity leave, career break, secondment etc. or leaving the team or Trust.
If this is NOT completed it will affect the training data for that colleague and will impact on divisional/team training data.
- At the request and disclosure from a colleague, inform L&D of any specific requirements or learning needs which may require a reasonable adjustment for a colleague undertaking any type of training in line with HR27 supporting staff with mental and/or physical disabilities.
- Should any individual persistently not meet their mandatory training requirements, having been provided with every opportunity to do so in terms of guidance of what is required, time to attend etc., then the manager may take disciplinary action in line with the Trust Disciplinary Policy. Equally, managers who fail to release staff to attend Mandatory training events may be subject to disciplinary action in line with the Trust Disciplinary Policy.

6.17 SUBJECT MATTER EXPERTS MUST ENSURE THAT

- They review the prospectus content of their subject on an annual basis
- The development and maintenance of subject content either on line or face to face (taught) delivery to meet internal and external requirements/standards is kept up to date
- They complete a report to highlight changes and recommendations to a subject when changes are considered or if new subjects are intended to be added to inform and gain sign off at the Strategic Workforce Group meeting.
- They report any required changes to L&D to ensure the systems training matrix and subsequently individual staff training matrix is updated.
- Any changes to the matrix should be completed annually during review of the prospectus.
- They evaluate delivery of content of courses through observation or peer observation of delivery and liaise with L&D to align course observation of effectiveness of teaching methods.
- That the approved register is completed and returned
To workforcesystemadmin@merseycare.nhs.uk within 3 days of course completion.
Failure to return completed register will result in data inaccuracies reported within performance reporting
- The monitoring and management of attendance and quality of the provision of the training remains responsibility of SME / Accountable Officer for policy.
- They plan an adequate amount of capacity to provide training to satisfy organisational requirements and Key Performance Indicators based on on-going needs analysis.
- Any changes to the mandatory/mandated training matrix must be approved by the Trust Strategic Workforce Group in accordance with this L&D policy on behalf of the Executive Committee.
- For classroom taught sessions SMEs are responsible for booking rooms and their set up on the day, provision of course resources, equipment and refreshments etc.

6.18 DIRECTOR OF MEDICAL EDUCATION

- Contributes to the annual review of the systems training matrix in relation to the Junior Medical Staff mandatory, and mandated role specific training which will affect the revalidation and induction of medical staff.
- Where permanent medical staff do not comply with mandatory training, the Medical director will be advised.

6.19 **MEDICAL EDUCATION TEAM (MET)**

- Oversee the general running and organisation of the Junior Medical Staff (Trainee) Induction programs in conjunction with Associate Medical Director
- Book all new junior doctors a date, time and venue within the trust within their first two weeks of commencement of employment to complete the on-line junior doctor's e-learning modules specific to their placement at Mersey Care.
- track junior doctor's progress on the on-line programs and providing feedback to the educational advisors and lead employer
- Generate reports for the Deanery, Lead Employer on successful completion of the programs by the junior doctors.
- Update ROSTA
- Any outstanding mandatory training is followed up by MET and Lead Employer
- Any persistent non-compliant trainee would be dealt with by the Lead Employer and Health Education England (North) and their disciplinary procedures
- Instigate and oversee the annual review of the systems training matrix and prospectus in relation to the Junior Medical Staff Induction program in conjunction with Lead Employer, SME's and the Director of Medical Education.

6.20 **EMPLOYEES MUST ENSURE**

- They attend and complete their Corporate Induction, divisional and work place Induction, mandatory mandated role specific training and continuing personal development training within the specified timescales and via the processes outlined in this policy.
- Be familiar with the content of this policy
- Ensure that they complete the Corporate Induction attendance sheet and evaluation form
- Ensure that any specific needs (if applicable) are communicated and inform the L&D Team of any further adjustments that may need to be made prior to commencement of Corporate Induction they are attending
- Commit to attending all planned face to face training that they are booked onto.
- In conjunction with their line manager inform Workforce systems Team if unable to attend any face to face training and explain the reason why. This should be done preferably before the date of the training event.
- If a course has to be cancelled for an individual, if another colleague can be substituted this is preferable. Cancellations should be the exception rather than the rule. DNAs will be reported periodically to Strategic Workforce Group.

N.B Colleagues who are non-compliant with training will be expected to make every effort to complete outstanding training. If non-compliance continues the details will be shared with the staff member and their manager for discussion/actions and or support.

6.21 **BANK WORKERS /TEMPORARY STAFFING**

- Will attend Corporate Induction and complete the work place Induction process and checklist (appendix B) prior to commencement of their first shift/first day. This will be monitored by Temporary staffing taking a sample size of 10% of this workforce to benchmark and monitor compliance on a quarterly basis. Forms are available on the manager's hub.

- Will complete the required mandatory and role specific mandated training modules within the agreed time frame
- Will commit to attending all classroom (“taught”) training that they are booked onto.
- In conjunction with their line manager inform the Workforce Systems team if unable to attend any face to face training and explain the reason why.

N.B. It is a contractual requirement that colleagues complete and pass the assessment of all the training both e learning and face to face – continued refusal despite management offer of support and continued requests to complete may lead to further action by line manager.

6.22 **AGENCY WORKERS MUST ENSURE**

- They complete work place induction checklist (Appendix B) on commencement of their first shift, managers will have received evidence that all their mandatory and mandated training is in date with their agency prior to working within MCFT.

6.23 **TEAM INTERDEPENDENCIES**

- The effective production of data provided to all teams is dependent on the integrated working within the following workforce teams. (Appendix B)

6.24 **LEARNING & DEVELOPMENT TEAM MUST ENSURE**

- Corporate induction is planned and delivered to all new starters.
- They will ensure lesson plans and content is continually reviewed, coproduced, improved and quality assured.
- They provide monthly compliance reports to SWG
- They provide monthly highlight reports for divisional groups to highlight, good practice and any ongoing compliance issues at team level to ensure escalations of risk to divisions
- They accept new starters onto Corporate Induction with the Recruitment Team to create a register, ensuring no overbooking.
- They are downloading IAT information from ESR/OLM to enable records from previous NHS organisations are pulled through the system to prevent re taking of subjects.
- They provide support where necessary for individual teams as part of divisional induction I.e. eLearning and Mandatory block training.
- They initiate the start to the Care Certificate for any new starters who do not have the award.
- The annual publication of the on line prospectus takes place annually in October
- The annual production of an analysis of the PACE Training Needs Analysis
- On going advice and guidance on any aspects of training, design, delivery, assessment and evaluation are provided
- They support and facilitate e learning authoring capability for SMEs
- Enough courses are commissioned or delivered by SMEs to meet services demands

6.25 **WORKFORCE SYSTEMS TEAM**

- Ensure ESR/OLM aligns to resource and transact information to ensure data produced is accurate
- Book colleagues onto all face to face courses, sending acknowledgements of course acceptance and reminders
- Input attendances (from completed registers) into the ESR/OLM database for Corporate Induction and all face to face (taught) training
- Create registers and evaluation forms for SMEs
- Chase registers from trainers to ensure data is current.

- scan and file evaluations
- Provide advice and guidance on e learning i.e. how to log on, restore passwords.
- Enroll learners onto individual subjects annually and on an ad hoc basis where courses are not appearing on learners profiles.
- ensure all proforma's produced by SMEs to update the HR systems training matrix are completed and filed

6.26 **BUSINESS INTELLIGENCE TEAM ENSURE**

- Maintenance and upkeep of training & PACE reports on BI dashboard
- Provide reports required for FOI, legal (enquiry) or CQC requirements
- Align training matrix to data warehouse
- Provide monthly performance KPI reports on dashboard

6.27 **INFORMATICS MERSEYSIDE**

- Manage e learning technical and IT infrastructure issues which cannot be resolved

7 ESCALATION & MONITORING PROCESS TO ENSURE COMPLIANCE

7.1 L&D Manager and Team will report poor e learning compliance by division and will highlight and target any teams which are at the highest risk of poor or non compliance. In addition the L&D Manager will report any non attendance for mandatory, and role specific mandated training to Managers and the Strategic Workforce Group.

7.2 Team information on individual colleagues who are “expiring” or have “breached” within the approved training period is available for all team managers on the BIT dashboard

7.3 Non attendance at face to face training will be escalated to SWG each month.

7.4 Ongoing issues with compliance to mandatory and mandated role specific training from any team or individual will be escalated to the Executive Director of Workforce.

7.5 We recognise that if learning needs that may affect compliance within the anticipated timeframes that are disclosed due to disability, this will be addressed on an individual basis.

MONITORING

7.6 This policy is overseen by the Strategic Workforce Group (SWG). It is monitored annually by the Learning and Development Manager. Any changes to the outcomes within this policy will be reported to the SWG for agreement and sign off

7.7 The definitions once agreed at SWG against the training matrix are then uploaded into the data warehouse which in turn provides managers with extensive training reports found within the Business Intelligence dashboard

7.8 The process required to search for appropriate reports is found in appendix D.

7.9 Further narrative definitions (not exhaustive) can be found within the annual prospectus.

7.10 Both definitions align and there is a specific standard operating procedure (SOP) to demonstrate the relationship to these processes and the interdependencies between the following teams which support their update and maintenance:

- Learning & Development Team (Training)
- HR Workforce systems Team
- Systems and Business Intelligence Team

7.11 **COMPLIANCE INFORMATION**

7.12 Compliance Information for mandatory subjects are submitted monthly within performance reports to Board.

7.13 Monthly compliance highlight reports are presented to the following groups by the Learning & Development Manager

- SWG
- Local Division Operational Managers group
- Secure Division Education Governance Group
- Specialist Learning Disabilities Operational performance Committee

8 PERSONAL ACHIEVEMENT CONTRIBUTION & EVALUATION (PACE)

8.1 All colleagues are required to have an annual appraisal-PACE. In MCFT time is allocated within a specific timeframe April to June for cascade down to all members of a team.

8.2 As part of induction new colleagues will receive a PACE meeting within 3 months of starting within the Trust.

8.3 Following a period of long term absence (E.g. Long Term Sickness or Maternity Leave) on their return a colleague will have the first 3 months to complete any outstanding PACE and Statutory and Mandatory development, for this induction period they will be excluded from these reports'

8.4 The "window" to begin the annual PACE review process takes place April until June each year. The organisation values and commits to the investment of time within this process as key to colleague engagement, progression and fulfillment at work and has a trajectory of a 95% completion rate.

8.5 The importance of PACE cannot be underestimated. It follows the annual business cycle of the organization once business plans are agreed; budgets allocated and strategic objectives are set each year. PACE allows each colleague within the Trust to have their individual objectives cascaded down from their line manager.

8.6 PACE presents an opportunity for a detailed quality conversation about the value of the colleague to our organization, how they have contributed during the previous years i.e. achievements and challenges.

8.7 It is an opportunity for colleagues to discuss their concerns, career aspirations and areas where they would like to develop.

8.8 Planning for PACE can precede the opening of the April window. Planning involves not only planning on the part of the colleague and also their manager.

8.9 The learning and development team are available to train colleagues on the system (which includes my supervision) and will provide advice and guidance on having a quality PACE meeting to support managers.

8.10 PACE completion is governed by the Strategic Workforce Group. Learning & Development team reports compliance directly to this group and to operational groups. Poor compliance is escalated.

8.11 Poor compliance is reported to SWG and operational management groups by division.

Learning & Development team will highlight and target any teams which are at the highest risk of poor or non compliance. In addition the OE & L team will report any compliance issues at the Strategic Workforce Group.

- 8.12 Managers will be required to sign off 3 monthly post induction completion of PACE on staff PACE profile (available from 2019 window as part of increment approval)
- 8.13 Ongoing issues with compliance to PACE from any team or individual will be escalated to the Executive Director of Workforce.
- 8.14 PACE Training Needs Analysis process. (TNA)
- 8.15 Once the PACE window closes, the system generates data which is then analysed by L&D and a TNA report by division is produced under the following themes informed by HEE Up skilling priorities.
- Leadership
 - Apprenticeships
 - Advanced Practice Apprenticeship
 - Clinical skills/priorities including subjects relating to learning disabilities/long term conditions/ urgent & emergency care/ cancer/child/community & primary care/person centered care
 - Workforce modeling and redesign
 - Coaching
 - Mentoring
 - Non Medical prescribing
 - Care Certificate
 - Conferences
 - Journal
- 8.16 Each divisional lead will review outcomes of TNA and sign off approved areas for development which in turn will generate individuals to submit colleague applications.

9 PREVENT DUTY & SAFEGUARDING

- 9.1 All adult education providers have a duty to safeguard their learners.
- 9.2 Prevent is about safeguarding our learners to keep them both safe and within the law.
- 9.3 The Prevent Duty is not about preventing learners from having political and religious views and concerns, but about supporting them to use those concerns or act on them in non-extremist ways.
- 9.4 There is an important role for MCFT in helping prevent people being drawn into terrorism, which includes not just violent extremism but also non-violent extremism, which can create an atmosphere conducive to terrorism and can popularise views which terrorists exploit.
- 9.5 It is a condition of funding that all training providers must comply with relevant legislation and any statutory responsibilities associated with the delivery of education and safeguarding of learners.
- 9.6 As a training provider Mersey Care Foundation Trust complies with the Prevent duty for providers of education and training in collaboration with our Trust leads.

10 CONSULTATION

10.1 This policy was consulted on with the following groups and individuals:

10.2 Strategic Workforce Group

10.3 Subject Matter Experts

10.4 Equality & Human Rights Lead

10.5 OE&L Team

10.6 Policy Group (including staff side)

11 DEFINITIONS

Term	Acronym used in this policy	Definition
Continuing Professional Development	CPD	The skills, knowledge and experience that you gain both formally and informally
Care Quality Commission	CQC	The independent regulator of health and adult social care services in England
Electronic Staff Record	ESR	The NHS Electronic Staff Record provides an integrated HR and payroll system to NHS organization and Mersey Care NHS Trust
Freedom of Information Request	FOI	A request from the public to access information held by public authorities
Health Education England	HEE	An executive non-departmental public body of the Department of Health
Inter Authority Transfer	IAT	Colleague NHS data transferred from one NHS Trust to another
Key performance indication	KPI	Agreed Trust targets for achievement
Organisational Effectiveness & Learning Development	OE&L & L&D	Team that supports and facilitates workforce learning and development
Oracle Learning Management	OLM	The Oracle Learning Management (OLM) is part of your Electronic Staff Record (ESR) and enables you to control your learning and development activities
Standard Operating Procedure	SOP	A written procedure that describes the correct processes for departmental activities
Strategic Workforce Group	SWG	Is to provide strategic leadership and act as a vehicle to maintain an effective system of governance that aligns all elements of the Workforce services and functions and activity to Trust strategy
Subject Matter Expert	SME	An individual with a deep understanding of a particular process, function, technology, machine, material or type of equipment.
Training Needs Analysis	TNA	The process which identifies the training needs required for our employees

Appendix A

WORKPLACE INDUCTION CHECKLIST – PART ONE



Community and Mental Health Services

Employee's Name: _____

Job Title: _____ Department: _____

Date Commenced in Post: _____ Line Manager: _____

This record is to be completed by the support person in conjunction with the new starter or for staff returning from a period of absence that may have affected their statutory and mandatory training compliance.

TO BE COMPLETED ON THE FIRST DAY OF ATTENDANCE IN LOCALITY/DIVISION

NB. No member of staff shall be entitled, or expected to, carry out duties for which appropriate training is essential until such training is carried out. This should be discussed with their line manager/supervisor

INTRODUCTION	DATE INFORMATION GIVEN	INFORMATION GIVEN BY (Signature)	INFORMATION RECEIVED BY EMPLOYEE
Orientation to the ward/department and any other areas within the organisation relevant to the post			
Introduction to Line Manager			
Introduction to colleagues/patients (if applicable)			
Received clear instructions on who s/he is responsible to			
Shown lockers/security of belongings explained			
Been acquainted with location of notice boards, dining facilities, coffee machine/ kettle, and library – (where available).			
Introduced to support person			
Introduced to the Job			
Introduction to the relevant clinical information system(s) training and how to access guidance			
Introduction to record keeping and data quality including reference to the health records policy and procedures (IT06) and the corporate data quality policy (IT11)			

Introduction to statutory and mandatory training /PACE and supervision, policy and practice			
HEALTH, SAFETY & ENVIRONMENT			
Policy & Procedure for the effective management of risk and received instruction in local Risk Assessments – SA02			
Safety rules relevant to the post			
Housekeeping, tidiness, clear floor space			
Issue with protective clothing/explained where protective clothing is available (if appropriate)			
Fire, Evacuation and Fire Safety Policy – SA08			
Policy & Procedure for reporting, management and review of adverse incidents – SA03			
Management of Risk through Supportive Observation SD04 (if appropriate)			
HEALTH, SAFETY & ENVIRONMENT	DATE INFORMATION GIVEN	INFORMATION GIVEN BY (Signature)	INFORMATION RECEIVED BY EMPLOYEE
Location and fire fighting equipment			
Fire Safety procedures & location of Fire Exits/Assembly points			
Health risks – COSHH			
First Aid boxes/first aiders/incident forms			
Security measures – doors and alarm codes			
Corporate Environmental Policy (SA34) – any specific environmental aspects/risks related to the job			
INFORMATION			
Time sheet/signing in/out procedure			
Meal times and arrangements			
Dress code			

Procedure for obtaining time off			
Sickness reporting procedure			
Who to approach for help/information			
Importance of regular time keeping/attendance			
Issued with any supplementary checklists			
Explanation of the key documents used within the team, ward, department			

EXPECTED STANDARDS OF BEHAVIOUR

Informed of confidentiality			
Courtesy to patients/visitors			
Concerns at work about patient care/business misconduct (whistleblowing) – HR06			
Reliability and loyalty to Division/Service/Department			
Helpfulness to other staff			
Telephones/bleeps/pagers & Personal telephone calls – incoming & outgoing			
Policy & Procedure for the use of email, Intranet and the Internet – IT02			
Car parking/standards of driving/lease car Process			
Performance Review Process			
Identified Training Needs recorded (use separate form)			
Use of Personal Mobile phones			

I confirm that the above information has been discussed with me and that I fully understand all of the information.

Employee's Signature: _____ Date: _____

Allocated support staff signature: _____

WORKPLACE INDUCTION CHECKLIST – PART TWO

Employee's Name: _____

Job Title: _____ Department: _____

Date Commenced in Post: _____ Line Manager: _____

This record is to be completed by the line manager/supervisor in conjunction with the new starter.

TO BE COMPLETED WITHIN ONE CALANDER MONTH OF COMMENCEMENT

NB. No member of staff shall be entitled, or expected to, carry out duties for which appropriate training is essential until such training is carried out. This should be discussed with the allocated Support person.

RECEIVED INSTRUCTION ON: (If applicable)	DATE INFORMATION GIVEN	INFORMATION GIVEN BY (Signature)	INFORMATION RECEIVED BY EMPLOYEE
Their Role			
Health & Safety & Welfare Policy – SA07			
Infection Control Procedures			
Manual handling Policy			
Safety of patients			
Corporate Waste Management Policy - SA22			
Policy for handling of Medicines within the Mersey Care NHS Trust (SD12)			
Local management structures			
Local operational issues			
Local Business Plan/s			
Computer information			

Mental Health Act – (if appropriate)			
Role of Staff Side organisation			
Role of Staff Support and Occupational Health			
Explanation of Payslip (should take place when new staff receives their first payslip)			
Policy SD04 Management of clinical Risk through Supportive Observation			
Relevant clinical information system(s) training and how to access guidance			
Instruction on record keeping and data quality including reference to the health records policy and procedures (IT06) and the corporate data quality policy (IT11)			

RECEIVED INFORMATION ON: (If applicable)	DATE INFORMATION GIVEN	INFORMATION GIVEN BY (Signature)	INFORMATION RECEIVED BY EMPLOYEE
Dealing with public/media			
Standards of Business Conduct			
Local rules			
Department rules			
Ward/department/service routine			
Expenses Claims			
<i>SPECIFIC INSTRUCTION</i>			
Communications: Team briefing, Trust bulletin, Service Users guide, telephone directory, Trust Business Plan, Strategies for future, etc.			
Departmental meetings			
Health and Wellbeing			

Staff Training & Development opportunities			
Personal Development Portfolio			
Risk Management			
Management of Violence & Aggression			
Personal Security			
Local Security Policy			
Emergency Plans			
Reporting Procedures			
IDENTIFIED TRAINING NEEDS			
1/			
2/			
3/			
4/			
DATE OF PERSONAL CONTRIBUTION & EVALUATION MEETING (PACE) within 3 months			
Dates of supervision planned	YES	No	Comments

I confirm that the above information has been discussed with me and that I fully understand all of the information.

Employee's Signature: _____ Date: _____

Allocated support staff signature: _____

INDUCTION CHECKLIST – PART THREE

General Information

HR Advice

You can contact the teams on the following numbers:

- Human Resources humanresources@merseycare.nhs.uk or phone 0151 473 0303
- Recruitment Team on 0151 472 7557
- Employment Services Team via email: merseycare.employmentservices@sthk.nhs.uk or phone: 0151 290 4096
- E-Rostering via email: Eroster@merseycare.nhs.uk or phone: 0151 473 2941
- Temporary Staffing on 0151 471 2338
- Payroll 0151 290 4382

Pay date

The 26th day of every month – paid direct into your bank account. Dates can sometimes change but will be advertised on Your Space. Payslips should be received the day before or day of pay.

Annual Leave Entitlement - Policy Number HR17

The annual leave year runs from 1st April to 31st March, and the current entitlements under Agenda for Change are:

Length of service	Annual leave + General Public Holidays
On appointment	27 days + 8 days
After 5 years service	29 days + 8 days
After 10 years service	33 days + 8 days

These will vary if part-time on a pro-rata basis – please check the policy.

Mersey Care NHS Foundation Trust

Ward/Unit Induction for Bank/ Agency Staff

Form should be completed for every new Bank / Agency Nurse.

Please tick

Have you worked in this Trust before?

Taken on a tour of the Ward / Unit

Introduced to staff on the shift

Informed of Ward / Unit Manager's name

Shown Fire points and exits

Specialty explained

Shown how to use the bleep / call system

Informed of emergency numbers + security arrangements
Any Health and Safety issues including Environmental

Yes No

Suicide Risk Assessment (ERSA)

Yes No

Up to date with Moving and Handling training

Yes

No N/A

Up to date with Resuscitation training

Yes

No N/A

Hold up to date valid PSS certificate

Yes

No N/A

WARD / UNIT:

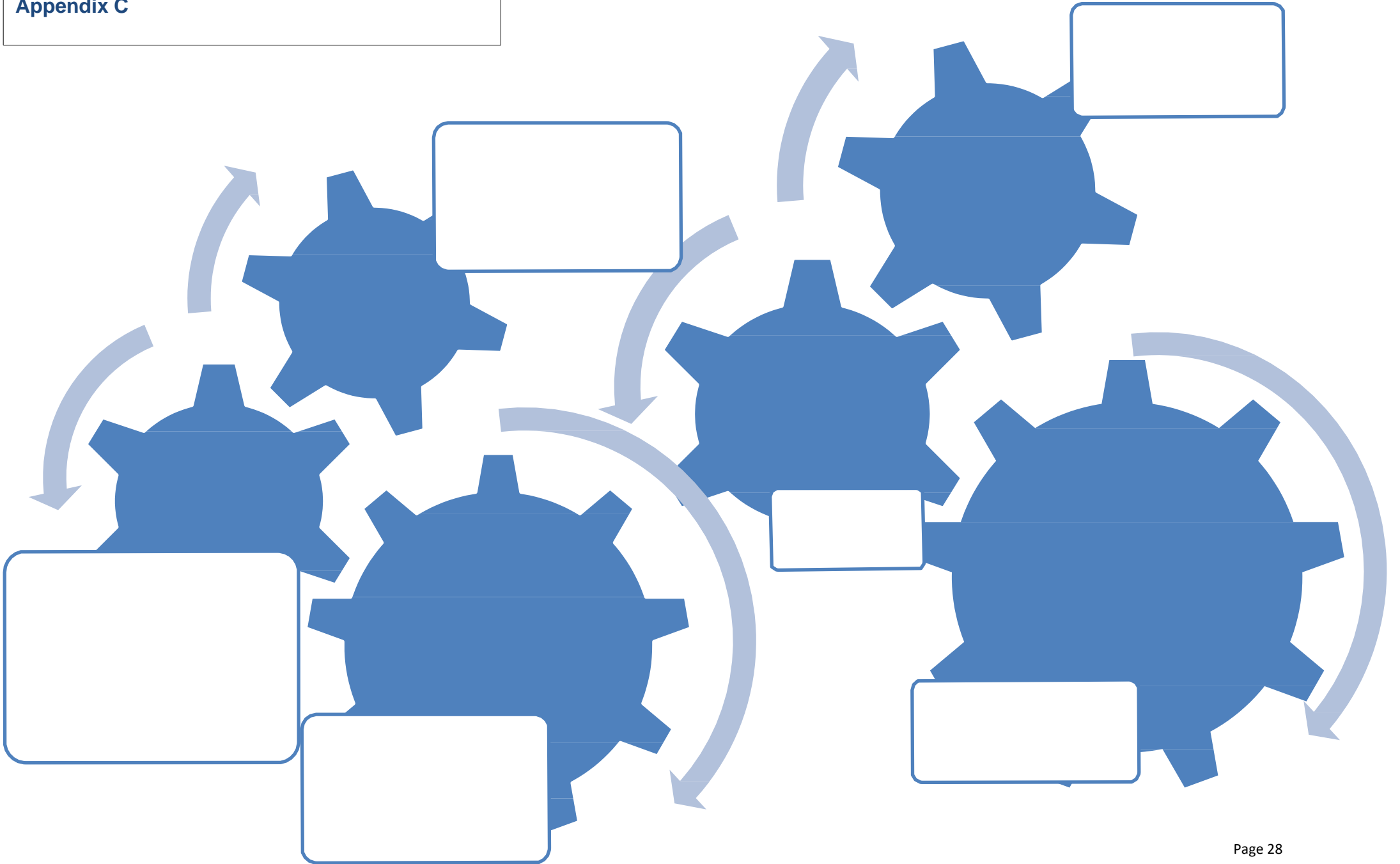
DATE:.....

Signature of Ward / Unit Nurse:..... Print name:.....

Grade / Designation:.....

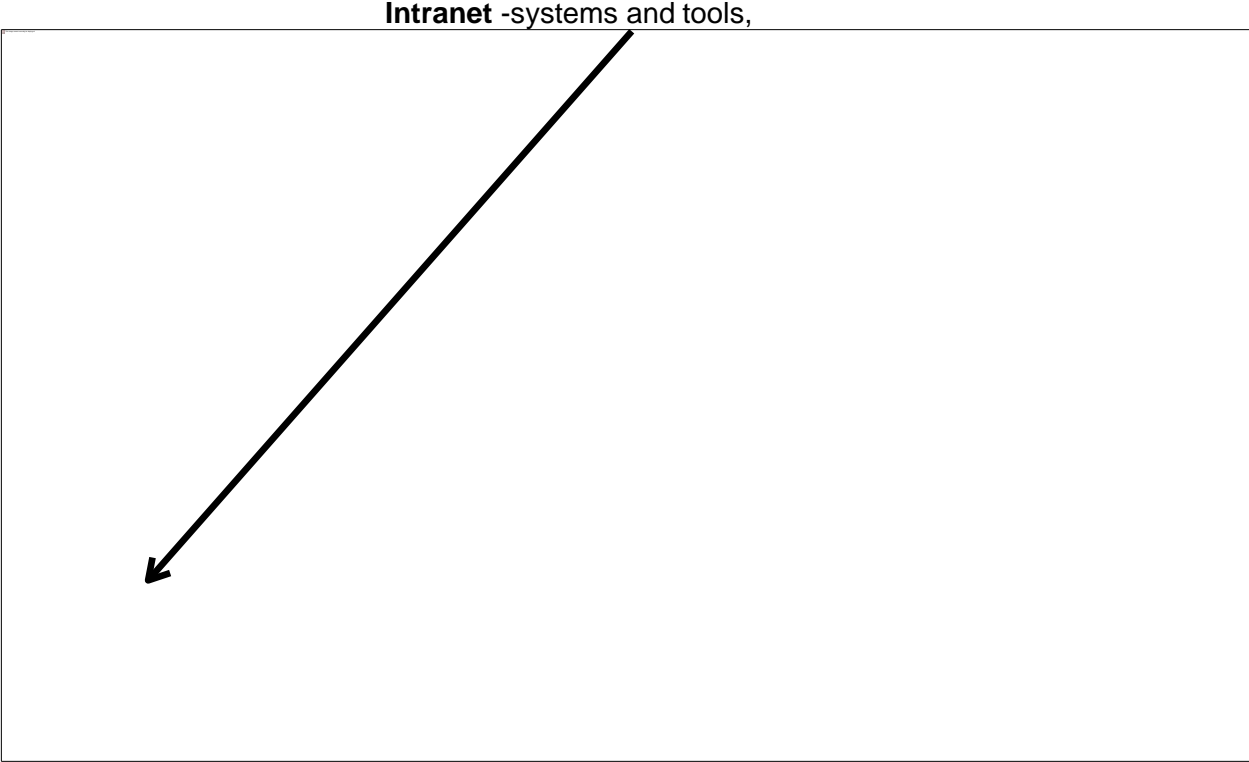
Signature of Bank / Agency Nurse:..... Print name:..... Grade:.....

Appendix C

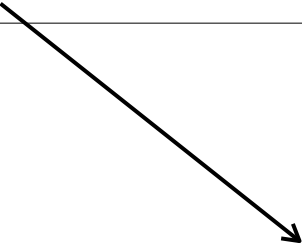


Appendix D

From the staff intranet left hand column find Business Intelligence today from the drop down list found within systems and tools.

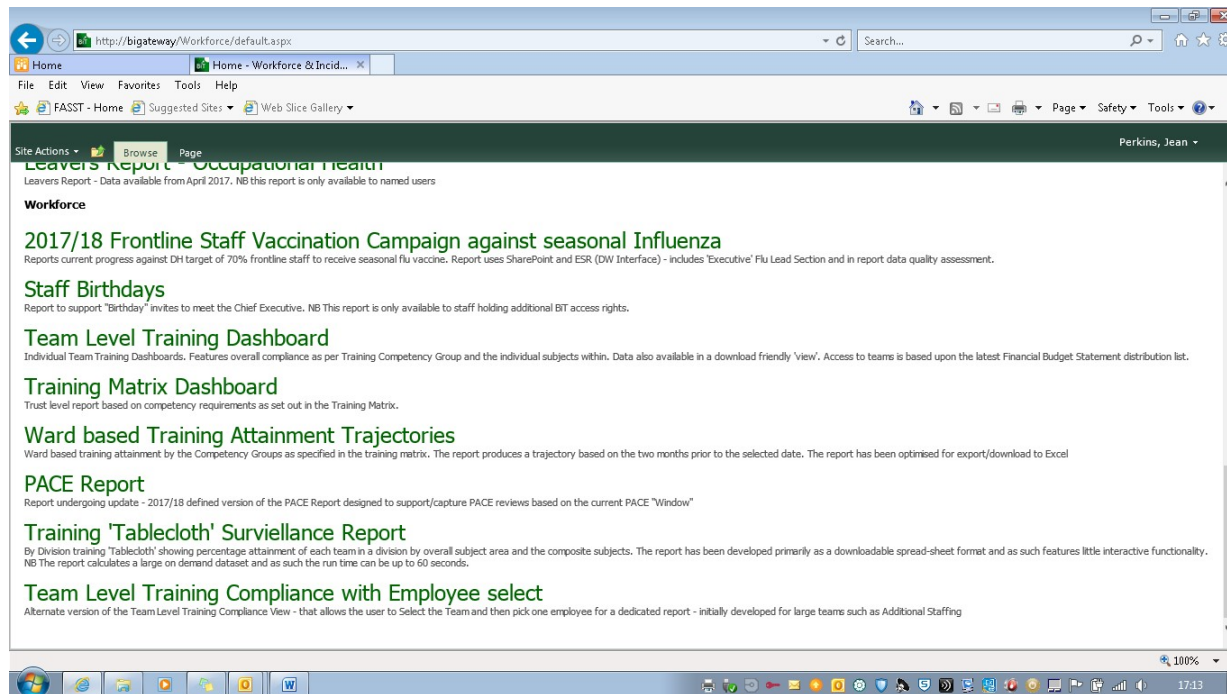


Workforce & Incidents



Within the following part of the dashboard you are able to scroll down and select the report you require as follows;

1. **Training matrix dashboard** – Overall view of divisions and subjects showing trajectories across the organisation
2. **Team level** - individual team reports
3. **Team level Training compliance with employee select** – enables a search for an individual employee.
4. **Training tablecloth surveillance report** – showing trajectories by subject, division and team
5. **PACE report** by division – drills down to Directorate, team and individuals.



Appendix E

Mersey Care NHS Foundation Trust Induction and IAT Process

