

# **Local Induction Standard Operating Procedure (Agency Worker)**

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Lead Executive/ Senior Manager	Heather Barnett, Chief People Officer		
Version:	2		
Ratified by:	Staff Partnership Forum		
Ratification Date:	May 2022	Review Date:	May 2024
Consultation	Workforce and Education Committee	Applicable to:	All staff All sites
Equality, Diversity and Human Right Statement	The Trust is committed to an environment that promotes equality and embraces diversity in its performance both as a service provider and employer. It will adhere to legal and performance requirements and will mainstream Equality, Diversity and Human Rights principles through its policies, procedures, service development and engagement processes. This procedure should be implemented with due regard to this commitment.		
To be read in conjunction with / Associated Documents:	Temporary Workers Policy	Information Classification Label	☐ Unclassified
Access to Information	To access this document contact the policy author.	in another langu	lage or format please



# Document Change History (changes from previous issues of policy (if appropriate):

Version number	Page	Changes made with rationale and impact on practice	Date
1		Merged process, initially in place on the Royal site to be mirrored on Aintree although recording will be different methods until systems are aligned	August 20
2		Trust wide process	May 22

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## 1. Purpose

This SOP should be used to support wards and departments to effectively induct agency workers into their wards and departments. It is important that agency workers are provided with an appropriate induction to ensure they are operating in a safe and effective way whilst on duty.

#### 2. Flowchart

The Temporary Staffing Team notify all Agencies that the Temporary Worker requires a Local Induction each time they work on a new ward.

The Temporary Staffing Team monitor the daily staffing to review all agency nurses booked in.

The Temporary Staffing Team notify the area that a Local Induction is required (This notification is sent with each daily fill report)

On arrival, the relevant manager is required to complete the Local Induction form (Appendix 4) with the Temporary Worker.

The Induction form then needs to be returned to the Temporary Staffing Office (this should be via email)

The Temporary Staffing Compliance Team will then save the document electronically in the appropriate folder on the G:Drive.

The Temporary Staffing Compliance Team will then follow up with the appropriate ward/department if a Local Induction checklist is not returned

# 3. Policy Content

It is mandatory for agency workers of to complete a local induction on their first shift at each ward and department they work on. The Temporary Staffing Team facilitate the process, but it is the responsibility of the departments to ensure that the appropriate actions are completed when the worker arrives on shift.



- 1. The Temporary Staffing Team notify all agencies that the Temporary Worker requires a Local Induction each time they work on a new ward.
- 2. The Temporary Staffing Team monitor the daily staffing to review all agency nurses booked in.
- 3. The Temporary Staffing Team notify the area that a Local Induction is required. (This notification is sent with each daily fill report)
- 4. On arrival to the ward, the relevant departmental manager will be required to complete the Local Induction form (Appendix 1) with the Temporary Worker.
- 5. The Local Induction checklist then needs to be returned to the Temporary Staffing Office (this should be via email) The Temporary Staffing Compliance Team will then save the document electronically in the appropriate folder on the G: Drive.
- 6. The Temporary Staffing Compliance Team will then follow up with the appropriate ward/department if a Local Induction checklist is not returned.
- 7. A regular audit will be conducted by the Temporary Staffing Manager to ensure the log is being updated appropriately and to ensure that any issues are addressed.

Non-compliance with the SOP will be escalated to the Temporary Staffing Manager who will escalate to the appropriate stakeholders.

## 4. Exceptions

No exceptions.

# 5. Training

No specific training requirements.

## 6. Monitoring of compliance

Minimum requirement to be monitored	Process for monitoring e.g., audit/ review of incidents/ performance management	Job title of individual(s) responsible for monitoring and developing action plan	Minimum frequency of monitoring	Name of committee responsible for review of results and action plan	Job title of individual/ committee responsible for monitoring implementation of action plan
1	Audit	Temporary Staffing Manager	Quarterly	Workforce and Education Committee	Workforce and Education Committee

## 7. Relevant regulations, standards, and references

Regulation 20 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014

http://www.legislation.gov.uk/uksi/2014/2936/regulation/20/made



## 8. Equality, diversity, and human right statement

The Trust is committed to an environment that promotes equality and embraces diversity in its performance both as a service provider and employer. It will adhere to legal and performance requirements and will mainstream Equality, Diversity and Human Rights principles through its policies, procedures, service development and engagement processes. This SOP should be implemented with due regard to this commitment.

## 9. Legal requirements

This document meets legal and statutory requirements of the EU General Data Protection Regulation (EU 2016/679) and all subsequent and prevailing legislation. It is consistent with the requirements of the NHS Executive set out in Information Security Management: NHS Code of Practice (2007) and builds upon the general requirements published by NHS Digital/Connecting for Health (CfH).



#### **Appendix 1: Equality Impact Assessment**

Title	Agency Local Induction SOP
Strategy/Policy/Standard Operating Procedure	Standard Operating Procedure
Service change (Inc. organisational change/QEP/ Business case/project)	N/A
Completed by	James Woods
Date Completed	May 2022

**Description** (provide a short overview of the principle aims/objectives of what is being proposed/changed/introduced and the impact of this to the organisation)

The aim of this SOP is to ensure that all Temporary Workers (Agency) receive training to ensure they are familiar with the essential information required to work in specific areas.

Who will be affected (Staff, patients, visitors, wider community including numbers?)
All Temporary Workers and those responsible for the Clinical area of placement.

The Equality Analysis template should be completed in the following circumstances:

- Considering developing a new policy, strategy, function/service, or project (Inc. organisational change/Business case/ QEP Scheme).
- Reviewing or changing an existing policy, strategy, function/service, or project (Inc. organisational change/Business case/ QEP Scheme):
  - If no or minor changes are made to any of the above and an EIA has already been completed then a further EIA is not required, and the EIA review date should be set at the date for the next policy review.
  - If no or minor changes are made to any of the above and an EIA has NOT previously been completed then a new EIA is required.
  - Where significant changes have been made that do affect the implementation or process then a new EIA is required.

Please note the results of this Equality Analysis will be published on the Trust website in accordance with the Equality Act 2010 duties for public sector organisations.

Section 1 should be completed to analyse whether any aspect of your paper/policy has any impact (positive, negative, or neutral) on groups from any of the protected characteristics listed below.

When considering any potential impact, you should use available data to inform your analysis such as PALS/Complaints data, Patient or Staff satisfaction surveys, staff numbers and demographics, local consultations, or direct engagement activity. You should also consult available published research to support your analysis.

#### Section 1 – Initial analysis



Equality Group	Any	Evidence
	potential	(For any positive or negative
	impact?	impact please provide a short
	Positive,	commentary on how you have
	negative	reached this conclusion)
	or neutral	
Age	Neutral	
(Consider any benefits or opportunities		
to advance equality as well as barriers		
across age ranges. This can include		
safeguarding consent, care of the		
elderly and child welfare)		
Disability	Neutral	
(Consider any benefits or opportunities		
to advance equality as well as impact		
on attitudinal, physical, and social		
barriers)		
Gender Reassignment	Neutral	
(Consider any benefits or opportunities		
to advance equality as well as any		
impact on transgender or transsexual		
people. This can include issues		
relating to privacy of data)		
Marriage & Civil Partnership	Neutral	
(Consider any benefits or opportunities		
to advance equality as well as any		
barriers impacting on same sex		
couples)		
Pregnancy & Maternity	Neutral	
(Consider any benefits or opportunities		
to advance equality as well as impact		
on working arrangements, part time or		
flexible working)		
Race	Neutral	
(Consider any benefits or opportunities		
to advance equality as well as any		
barriers impacting on ethnic groups		
including language)		
Religion or belief	Neutral	
(Consider any benefits or opportunities		
to advance equality as well as any		
barriers effecting people of different		
religions, belief, or no belief)	<u> </u>	
Sex	Neutral	
(Consider any benefits or opportunities		
to advance equality as well as any		
barriers relating to men and women		
e.g.: same sex accommodation)	Mouted	
Sexual Orientation	Neutral	
(Consider any benefits or opportunities		



to advance equality as well as barriers	
affecting heterosexual people as well	
as Lesbian, Gay, or Bisexual)	

If you have identified any **positive** or **neutral** impact then no further action is required, you should submit this document with your paper/policy in accordance with the governance structure.

You should also send a copy of this document to the equality impact assessment email address.

If you have identified any **negative** impact you should consider whether you can make any changes immediately to minimise any risk. This should be clearly documented on your paper cover sheet/Project Initiation Documents/Business case/policy document detailing what the negative impact is and what changes have been or can be made.

If you have identified any negative impact that has a high risk of adversely affecting any groups defined as having a protected characteristic then please continue to section 2.

#### Section 2 - Full analysis

If you have identified that there are potentially detrimental effects on certain protected groups, you need to consult with staff, representative bodies, local interest groups and customers that belong to these groups to analyse the effect of this impact and how it can be negated or minimised. There may also be published information available which will help with your analysis.

Is what you are proposing subject to the requirements of the Code of Practice on Consultation?	N
Is what you are proposing subject to the requirements of the Trust's Workforce Change Policy?	Z
Who and how have you engaged to gather evidence to complete	
your full analysis? (List)	N/A
What are the main outcomes of	
your engagement activity?	N/A
What is your overall analysis	
based on your engagement	
activity?	N/A

#### Section 3 – Action Plan

You should detail any actions arising from your full analysis in the following table: all actions should be added to the Risk Register for monitoring.



Action required	Lead name	Target date for completion	How will you measure outcomes
N/A	N/A	N/A	N/A

Following completion of the full analysis you should submit this document with your paper/policy in accordance with the governance structure.

You should also send a copy of this document to the equality impact assessment email address

Section 4 - Organisation Sign Off

Name and Designation	Signature	Date
Individual who reviewed the Analysis	James Woods	May 2022
Chair of Board/Group approving/rejecting proposal		
Individual recording EA on central record		



# **Appendix 2: Roles and responsibilities**

Role	Responsibility
Temporary Staffing	The Temporary Staffing team are responsible for ensuring any Temporary Worker placed in the organisation undertake a fresh Local Induction in each new area.
Senior Clinician	The Senior Clinician in an area receiving a Temporary Worker have the responsibly to complete the required Local Induction following the process identified in this document.