NHS
Kent and Medway
NHS and Social Care Partnership Trust

YOUR LOCAL INDUCTION BOOKLET

▲ Littlebrook Hospital

DARTFORD

GRAVESEND

MEDWAY

NORTH KENT DIRECTORATE

▲ Britton House

SWALE

THANET

▲ Thanet Mental Health Unit

SEVENOAKS

TONBRIDGE & MALLING

▲ Priority House

MAIDSTONE

CANTERBURY

▲ Eastern and Coastal Area Offices

DOVER

WEST KENT DIRECTORATE

EAST KENT DIRECTORATE

ROYAL TUNBRIDGE WELLS

ASHFORD

FOLKESTONE & HYTHE
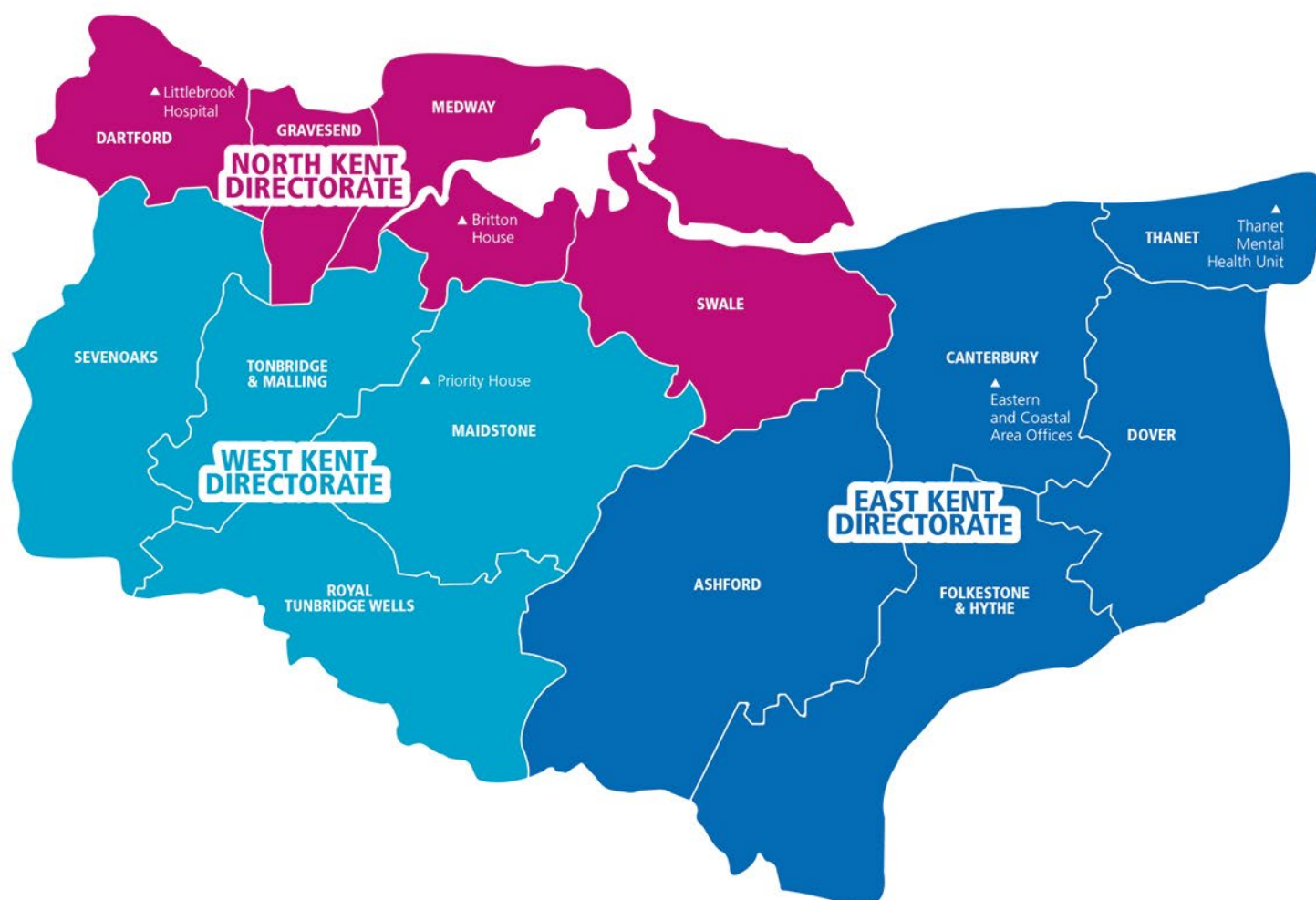
RESPECT   OPEN   ACCOUNTABLE   WORKING TOGETHER   INNOVATIVE   EXCELLENCE

BRILLIANT CARE THROUGH BRILLIANT PEOPLE

A warm welcome from
Sheila Stenson, Chief Executive

Welcome to KMPT, and thank you for choosing to join us. Your skills and expertise are going to be invaluable in helping us deliver our vision to provide outstanding care and to work in partnership to deliver this in the right place, for every service user, every time.

KMPT provides a wide range of adult mental health and learning disability services to our local population of 1.8 million people in Kent and Medway, as well as specialist services for adults in Sussex and Surrey. Each year we care for over 2,000 people in our hospitals and 54,000 people in the community. We are also part of the Kent and Medway Integrated Care System, a partnership of organisations that plan and deliver joined up health and care services

This is a special place. We all really care about the people that use our services and each other, and we are committed to upholding important values and putting our service users at the heart of everything we do. I am hugely proud of KMPT's diverse workforce and our commitment at the Board to becoming a truly inclusive and diverse organisation where our people feel respected and valued.

Our people – which now includes you - are our greatest asset. That is why I, and the executive management team, are committed to doing whatever we can to make every day a better day for everyone who works at KMPT, as well as our patients. Twenty-four hours a day, seven days a week, our staff are working to support our patients, their loved ones and each other, delivering care in all sorts of settings so we want to make sure KMPT is a great place to work for our people no matter what your role or location.

The trust is currently focused on delivering our 3-year strategy designed to help us deliver outstanding, person centred care, work even more closely with our partners to do this, and make sure we are a great place to work with engaged and capable staff. It is really important you understand it and how your role contributes to it. All the information you need is on the **Sheila's Inside Scoop** page of our intranet. You can also use this to keep up to date with important news or events – there is always something happening here! – and contact me with anything you would like to share.

We want you to have all the information you need to do the best possible job, and this induction is designed to help introduce you properly to our organisation and understand how to work with us. You will find a record form in it to help you keep a note of all the sessions and more useful information can also be found on the new starter page. If you have any comments, questions or suggestions regarding your induction please contact our Learning and Development team on kmpt.training@nhs.net

I hope that we meet in person soon. I come to as many of our induction days for new staff as I can, host monthly virtual drop ins and can often be found on one of our many sites. If you see me please do stop me to introduce yourself and say hello.

Welcome to the team!

Shelia Stenson
Chief Executive

Your details

Name: _____	**Start Date:** _____
Job Role: _____	**Workplace:** _____
Manager: _____	**Mentor:** _____

Local induction record and introduction:

To be completed within the <u>first 6 weeks</u> of employment
or an internal movement within KMPT.

This is your local induction record, the purpose of this document is to provide a record of your induction period. It should be kept locally and used to document contact with your Line Manager and your Workplace Mentor. At the end of the induction period you will be required to sign off your induction to confirm that you have been orientated into your workplace. This part of your induction is a requirement of the Health and Safety at Work Act (1974) and is a vital part of ensuring that you are kept safe at work. Your Line Manager will take a photocopy of this record and will keep it in your personnel file. The signed Certificate of Completion should be returned to the Learning and Development Department.

Roles and responsibilities

Your line manager will:

- Appoint a workplace mentor for you during the first six months of your employment and if you are a newly registered member of staff will allocate you a preceptor
- Ensure that you meet all components of your Induction
- Meet with you on your first day in the workplace and set relevant objectives for the induction/probationary period.
- Make a record of meetings that form part of your induction period
- Ensure that your local induction record has been signed off once completed
- Ensure that you are given sufficient protected time to complete your E Learning in the first 4 weeks.

Your mentor will:

- Be an experienced member of staff who will act as a guide and can be accessed when you have any questions or concerns. If you are a clinical professional your mentor may also be your preceptor or clinical supervisor
- Meet with you weekly for the first six weeks of your employment and at regular periods for the remainder of your probationary period
- Make a record of meetings that form part of your induction period.

Your responsibility is:

- To attend all components of the induction and essential training and to inform your line manager if you cannot attend for any reason
- To contribute to any records made of meeting between you and your mentor or line manager
- To raise issues of concern or inform your mentor or line manager where you have gaps in your knowledge or skills to perform your role.
- To keep this induction record safe and to ensure that you have it with you when attending your meetings with your line manager.
- To complete the Certificate of Completion which confirms this local induction is complete and send to the Learning and Development Department.

To be completed on the first day in the workplace (Inpatient staff only)

Access and Safety

- For enhanced safety and security within the ward, it is essential that all staff members are provided with a personal safety alarm during their shifts. Additionally, staff should be equipped with an access device—such as a fob, card, or wristband—to facilitate smooth operations within the ward.
- At the conclusion of each shift, it is mandatory for staff to return these items. To ensure compliance, a form of collateral (e.g., car keys) should be temporarily exchanged at the time of item allocation. This measure is intended to serve as a reminder for staff to return their allocated items before leaving.
- In instances where any of these items are not returned, immediate action is required to contact the individual responsible. If the item cannot be promptly returned, an incident report should be filed, and the access permissions associated with the fob should be revoked to maintain security integrity.

Base/site orientation and health and safety issues

I have been provided with the following information pertaining to:

- ❑ Site orientation
- ❑ Site fire orientation (see page four)
- ❑ Incident reporting
- ❑ Nurse call and emergency alarm system
- ❑ Lone working
- ❑ Moving and handling controls
- ❑ Access to relevant policies
- ❑ Physical observations scoring,
- ❑ What to do in the event of a patient fall
- ❑ Where to find the rescue kit
- ❑ Awareness of the allocation sheet
- ❑ Forms that need to be completed on shift,
- ❑ PPE requirements
- ❑ Boundaries discussion
- ❑ Purple file and procedures
- ❑ Completion of medication competencies

- ❑ Car parking
- ❑ Observation protocol/policy
- ❑ Local health and safety protocols
- ❑ Read and understand MV&A guidance
- ❑ Risk assessment controls
- ❑ Local handover process
- ❑ Local emergency procedures for Resus
- ❑ E-obs and when to escalate to the nurse in charge
- ❑ Where the resuscitation trolley is kept
- ❑ Door codes/Fob systems
- ❑ Responsibilities on shift
- ❑ Food and fluids, stools, ABC etc…
- ❑ RIO progress notes standards
- ❑ Ligature risks for ward and the requirements around these
- ❑ Process of escalation out of hours and contact details
- ❑ The admission/transfer/discharge checklist.

To be completed in the first week in the workplace (All staff)

Local induction - part one
Please ensure all parts are completed

Roles and responsibilities

My line manager is: _____ and can be contacted on: _____

My mentor is: : _____ and can be contacted on: _____

The *key people* I have met/need to meet this week are:

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Employment Issues

I have been provided with the following information and discussed:

❑ COVID-19 (including BAME) risk assessment

❑ Contract and superannuation ❑ Uniform information (if relevant)

❑ Sickness absence reporting ❑ Telephone – use of

❑ I.D badge ❑ Pay and hours/unsocial hours

❑ Reasonable adjustment guidelines ❑ Dress Code Policy

❑ No Smoking Policy ❑ Code of conduct

❑ Personal Boundaries Policy ❑ Bullying/harrassment

❑ Whistleblowing ❑ eRostering including payroll info

❑ Mileage claims/car user form ❑ Management of complaints

❑ Staff support services ❑ Probationary period details and objectives

❑ Observation Policy ❑ NHS Constitution

❑ Working Time Regulation Policy

❑ Managing conflicts, interests, gifts, hospitality and sponsorship

❑ Secondary employment –if staff has this refer to secondary

❑ Check standard operation procedures (SOPs) on i-connect for relevent areas

Notes:

_____

_____

Date Completed: _____ Signed Employee: _____

Signed Manager: _____   **Signed Mentor:** _____

Base/site orientation and health and safety issues

I have been provided with the following information:

- ❑ Site orientation
- ❑ Site fire orientation (see page six)
- ❑ Local health and safety file
- ❑ Incident reporting
- ❑ Lone working
- ❑ Moving and handling controls

- ❑ Car parking
- ❑ First aider details
- ❑ Local/Trust health and safety contacts
- ❑ Local health and safety protocols
- ❑ Risk assessment controls

I understand the importance of performing the following tasks accurately to ensure the Health, Safety and Security of staff and service users:

- ❑ Record keeping
- ❑ Message taking
- ❑ Communication with colleagues

- ❑ Report writing
- ❑ Interpretation of instructions
- ❑ Communicating with service users

Clinical medical devices

I am required to use clinical medical devices within my role: ❑ **Yes** ❑ **No**

*If the answer is yes please complete the **Medical Devices Competency Checklist** on page 8*

Medicines calculation assessment

I am required to complete the Medicines Calculation Assessment within my role: ❑ **Yes** ❑ **No**

Mandatory Training

I understand what mandatory training I am required to complete for my role and am aware of the update periods. I undestand what e-learning this includes and have a copy of my personal induction plan ❑ **Yes**

Notes:

_____

_____

_____

Date Completed: _____   **Signed Employee:** _____

Signed Manager: _____   **Signed Mentor:** _____

Site specific fire orientation

As required under the Regulatory Reform Fire Safety Order 2005.

This Questionnaire must be completed by **all new employees** within the first week of employment. It must also be completed by **any member of staff that moves to a different location or team within the Trust.** The Manager or Designated Competent Person must give instruction and Guidance on completion of this document in line with the Induction Policy.

Employee completing questionnaire	Building/location:	Date completed

1 Trust Fire Policy	❑ YES
a. Have you seen the Trust Fire Policy?	
b. Do you know where the fire policy is; or how to access it?	

2. The Fire Strategy for the building should be in the form of a document	❑ YES
a. Have you been shown the fire strategy for the building?	
b. Do you understand the fire strategy and evacuation process for the building?	

3. A building evacuation can be carried out in three different ways. Which types of evacuation does your building use?	YES ❑	NO ❑
a. Progressive horizontal evacuation?		
b. Partial evacuation?		
c. Full evacuation?		

4. Building fire precautions	❑ YES
a. Have you been shown around the building?	
b. Do you know where all fire exits and fire exit routes are?	
c. How many fire exits does the building have?	**Answer:**
d. Have you been shown where your assembly point is?	
e. Where is your assembly point:	

5. Fire alarm activation call points There are two types of fire alarm call points: Break glass and key operated.	❑ YES
a. Which types of fire alarm call points does your building have? Answer:	
b. Do you know how to operate your fire alarm call points?	

6. Evacuation refuge points Some buildings have refuge points within the building to allow less able persons to remain in the building in a protected area until full evacuation is required. A procedure is required for this purpose.	YES ❑	NO ❑

	YES	NO
a. Does your building have refuge points? *If no go to question 7*		
b. Do you know where these refuge points are?		

7. Fire exit doors Fire exit doors can open in various ways, **Manual/automatic/key pad**	❑ **YES**	
a. What types of exit doors do you have? **Answer:**		
b. Do you know how to operate the Fire exit doors?		

8. Competent person/fire warden	❑ **YES**	
a. Do you know who your fire warden is?		
b. Do you know who the competent person is who is responsible for fire Precautions within your building?		

	YES	NO
9. Fire extinguishers	❑ **YES**	❑ **NO**
a. Do you know, or have you been shown how to use fire extinguishers?		
b. Are the fire extinguishers in your building kept in locked rooms?		
c. If so, do you know where the keys are to open the extinguisher cabinet?		

	YES	NO
10. Fire warden information and requirements	❑ **YES**	❑ **NO**
a. Have you been identified and requested to be a fire warden.		
b. Have you been given and trained in your fire evacuation plan for your area or building?		
c. Have you been shown the areas you are responsible for to check and clear during an Evacuation of the building? If no, please ask your immediate manager for locations and then tick yes.		
d. Have you been requested to complete any other tasks such as the fire log book and weekly fire precaution inspections? If yes; have you been shown what you need to check and how to record the findings, also which areas you are covering, if not the entire building?		
e. Have you been given all necessary access codes, keys, fobs and cards for all the areas you are responsible for to carry out a full inspection of your designated areas?		
f. To check the status of this call and any previous calls please call the KMPT Helpdesk on 0300 303 3209 or by email on estatesandfacilitieshelpdesk@nhs.net		

Questionnaire to be signed off by the staff member and the manager once completed.

Staff member name:	
Staff member signature:	**Date:**
Manager's name:	
Manager's signature:	**Date:**

A copy is to be retained in the personnel file and should be available for auditing when required.

Diagnostic and therapeutic medical devices competence checklist

To be completed by all identified staff

Staff name:			Initial assessment date:				
Job title:			Ward/unit/team:				

Medical device:	Date	Initial	Date	Initial	Date	Initial	Date	Initial
Air therapy system								
All hoists								
Aneroid sphygmomanometer								
Automated external defibrillator								
Bed rails								
ECG machine								
Electronic sphygmomanometer								
Enteral feeding pump								
Feeding pump								
Glucometer								
Injection amplifier								
Nebuliser								
Oxygen								
Peak flow meter								
Pulse oximeter								
Suction machine								
Tympanic thermometer								
Weighing scales								
Electric beds								
*delete or add as applicable								

To be completed in the second week in the workplace

Local induction - part two

Orientation programme

With your line manager or mentor you should develop an orientation programme that aims to provide you with key information you are required to know for your role.

The following key people are also important to know within my role:

Name: _____   Contact Info: _____

Name: _____   Contact Info: _____

Name: _____   Contact Info: _____

I also need to be aware of the following details as these are departments that I may need to contact:
complete as appropriate

❑ Workforce information:_____

❑ Employee relations:_____

❑ Chaplaincy team:_____

❑ Learning and development:_____

❑ Payroll:_____

Use the table below to make a record of your discussions/actions and issues specific to my team.

Discussion	Action	By who	By when

Lifelong learning information and support

KMPT is committed to supporting staff to develop their skills. This information provides details of some of the services available to you. You may need assistance with your literacy and numeracy and we can help you locate the best support available.

We also support staff who have or think they may have a learning disability such as dyslexia. We support staff to apply to Access to Work for any reasonable adjustments they may require, such as, speech to text software, known as Dragon and other software/ hardware designed to help people with dyslexia or other disabilities.

If you think this may apply to you, please could you contact us as soon as possible, if we apply to Access to Work within the first six weeks of employment, all the equipment is fully funded, which is of great help to the Trust as we have limited funds.

We are also able to advise and help staff with learning pathways for any courses or jobs they may be interested in for their future development, such as increasing your skills in order to apply for a place at university to do Nursing or Occupational Therapy.

Please contact Learning and Development with any queries you have – kmpt.training@nhs.net or 01227 459371/01622 722193.

IT, Information and Governance issues

I have been provided with the following information:

❑ My personal responsibility for preserving confidentiality for all sensitive information I see or hear

❑ Acceptable use of Social Media when discussing matters relating to the Trust

❑ How to report breaches of confidentiality on the Datix website

Additional requirements for all those who use Trust IT

I have been provided with guidance for the acceptable use of the following:

❑ Email   ❑ Internet browsing

❑ Sharing information   ❑ Working remotely

I understand the importance of performing the following tasks in a timely fashion to ensure service continuity:

- Reporting all issues with IT to the Helpdesk on 01795 508200

- Reporting all issues with RiO, BigHand and other clinical information on 01795 508200

- Recording incidents of system and/or information misuse on the Datix website

- Reverting to business continuity/system-down procedures for IT systems that I use

Additional requirement for those with access to Clinical Information

I have been provided with guidance for the acceptable use of the following:

❑ Smartcards   ❑ Record Keeping

Training

I understand what mandatory training I am required to complete for my role and aware of the update periods for:

- Information governance
- System specific training for clinical systems including RiO
- Clinical record keeping
- Records management

I understand that I am also able to access Information Technology training covering basic IT skills and Microsoft Office Packages to support me in the execution of my role.

Date completed: _____   Signed employee: _____

Signed manager: _____   Signed mentor: _____

Key IT skills observation

Here at IT Training, whilst focusing on working together, we recognise and support Trust Values, striving for innovation and excellence in ourselves and in our training to you; inspiring you to be the best you that you can be.

With this in mind, we have created a key IT skills checklist that your manager or work buddy, must complete with you in order for us to identify whether or not we can help with your key IT skills.

Manager/buddy: as part of the induction, it is necessary to observe your employee/colleague carry out the following:

[Please tick the boxes to indicate competency within your observation]:

☐ I have observed that the employee can use a keyboard and mouse effectively in relation to their job role.

☐ I have observed that the employee can login to the Active Directory using CTRL+ALT+DEL to access the login page.

☐ I have observed that the employee can use Microsoft Outlook 2010 effectively in relation to their job role.

☐ I have observed that the employee can use Microsoft Word 2010 effectively in relation to their job role.

☐ I have observed that the employee can use Microsoft Excel 2010 effectively in relation to their job role.

☐ [If access is available] I have observed that the employee can access their payslip through 'Oracle'.

☐ [If access is available] I have observed that the employee can access the Health Roster using their login details.

☐ I have observed that the employee can log a call with the IT help desk using their online website (add web link).

☐ I have observed that the employee can navigate 'File Explorer' effectively in relation to their job role.

If you have displayed a need for additional training, following these observations, you must attend key IT skills training. Please contact kmpt.training@nhs.net to book this course.

If you feel you meet the key IT skills, but would benefit from further IT training, please visit: http://i-connect.kmpt.nhs.uk/trust-departments/ict/it-training.htm to view the full range of IT training available.

Certificate of satisfactory completion of the local induction/induction period

Please return this to:

Learning and development at Priority House, Hermitage Lane, Maidstone, ME16 9PH
or via email kmpt.training@nhs.net Tel: 01622 722193

I certify that the person named below has satisfactorily completed her/his induction period.

I confirm they have:

❏ Completed the local induction

❏ Attended the corporate induction

❏

❏ Attended all relevant mandatory training (as per the Personal Induction Plan)

❏ Completed the site-specific fire orientation

❏ Key IT skills observation list completed

❏ Referred for training

❏ Not referred for training

Staff details

Name: _____	**Signature:** _____
Job role: _____	**Workplace:** _____
Manager: _____	**Signature:** _____
Start date: _____	**Induction completion date:** _____

Advisory note
Please be aware that staff will need to remain under supervision until they have completed/attended their relevant mandatory training.