

UHB Local Induction Checklist

The aim of a Local Induction is to integrate new employees into their specific team and physical work environment, providing them with tailored knowledge about local procedures, equipment, colleagues, and safety practices to ensure they feel welcome, understand their role, work safely, and become effective team members quickly, bridging the gap between broader corporate induction and the day-to-day realities of a particular department or ward.

Our People: Improve the experience of our colleagues by creating a culture where everyone who works for, or trains at, UHB feels like they belong and can thrive, knowing that they add value.

This is a controlled document and must not be altered.

- This form should be signed and dated to confirm all sections have been covered and understood.
- Where a section is not relevant to the staff member, please mark as N/A – do not delete.
- Any additional information may be included at the end.
- A signed copy of this document should be retained in the Employees personal file.

Name	
Job Title	
Department/Ward	
Date Commenced in post	
Manager/Designate	
Payroll Number	
National Insurance No	

To record the Local Induction so that Easylearning is updated, you will need to use one the following unique identifiers below.	
Payroll Number/Ni No	
GMC/NMC	
New appointment form completed & returned to HR	
HR1 Form completed	
ID check carried out (passport or driving licence)	

Introduction to the department

Role & function of your department – including your role within the team

Overview of departmental structure and introduction to colleagues

Housekeeping arrangements (location of toilets, rest areas, lockers, photocopiers etc.)

Care and security of personal property whilst at work

Access codes/keys for local areas issued

Location of fire exists / extinguishers and emergency assembly point

Location of resus equipment

Discussed any signage on wards/depts used to identify what patients can eat and drink with an explanation of each— i.e. Nil by Mouth, Free Fluids, Clear Fluids, Solid foods only, speech and language guidance to safer swallowing, Eating and Drinking.

Location of noticeboards and details shared of how communication is cascaded within the department i.e. meetings of relevance.

Your job

Scope of responsibilities

Home/flexible working guidelines if applicable to role

Line management responsibility

Timekeeping standards

Policies, procedures & health and safety

Local procedure for reporting absence including in emergency situations

Advised how to access relevant HR Policies

- Annual leave
- Sickness absence and attendance
- Work life balance
- Lone working
- Security, Violence and aggression

Signposted to relevant Health & Safety information including:-

- COSHH
- The management and disposal of waste
- DSE Assessments including homeworking assessment if applicable
- report hazards/incidents and near misses
- First aiders names and location of the first aid kit
- Location of spill kits
- Risk Assessments relevant to areas of work e.g. emergency first aid, slips/trips/falls, night shift workers, thermal comfort etc.

Fire Prevention/Bomb Threats

Awareness of Fire Alarms in the area e.g. continuous/intermittent, type of alarm

Local drill procedures explained

- Allocation of responsibility for patients
- Personal Emergency Evacuation Plan (PEEP)
- Bomb alert procedure
- Major incident procedure

Emergency call numbers for Fire and Medical emergencies.

Information Management and Technology

Issue of equipment	
<ul style="list-style-type: none"> • Laptop • Bleep • Mobile phone 	
Access requested to the relevant department files and folders	
Appropriate IT training has been attended or confirm staff member booked on	
<ul style="list-style-type: none"> • Clinical Portal • Oceano – PAS • Electronic Prescribing – PICS 	

Training and Education

Confirm Corporate Induction has been completed on MOODLE	
Check Easylearning account is available (this should be available at the end of the 1 st week)	
Signpost to relevant training and development opportunities via Intranet	
FIT Testing training has been booked – email fittesting@uhb.nhs.uk if Easylearning account is not yet available	
Medical devices disclaimer has been read and signed (see appendix 2)	
Relevant training achieved externally has been discussed and evidenced i.e. ALS, Oliver McGowan Tier 1/ 2, Sepsis 6.	

Staff Declaration

I confirm that I have received all applicable information within the local induction document

Signed: _____ Date: _____

Manager Declaration

I confirm that all applicable information within the Local Induction document has been discussed

- A copy will be retained within the staff member's personnel file
- Local induction will be reported via blue prism

Signed: _____ Date: _____

Medical Devices

The trust is committed to providing high quality patient care within a safe environment. Medical devices are a key element in the delivery of patient care. UHB has implemented a process of risk classification and colour coding of medical devices in order to recognise risk, prioritise training and provide guidance for staff.

Trust policy states that you do not use any medical device unless you are competent to use it*. It is the responsibility of all employees to read and comply with the Trust Policy for the Management of Medical Devices and subsequent procedural requirements.

Healthcare professionals are individually accountable for their practice and the delegation of certain aspects of care delivery. They have a responsibility for ensuring they acquire, maintain, and disseminate knowledge and skills in the use of such medical devices. This includes:

- Familiarising themselves with the medical devices risk classification system
- Attending training identified as necessary
- Completing competency statements and documentation to record training
- Ensuring all records are returned to line manager/link trainer to keep in personal files and forward copies to the Medical Device Training Team (meddev@uhb.nhs.uk)
- Updating training as required and agreed by their Line Manager as part of the annual appraisal and in accordance with Professional Codes of Conduct.

If applicable, you should confirm that you understand the information above and that you will not use any medical device for which you have not received the appropriate training and that you are not competent to use.

Print Name:

Signature:

Date:

*Refer to 'procedure for training in the Safe Use of Medical Devices' (Controlled document: 353)