



**Joint Policy for Cumbria Partnership Foundation Trust & North Cumbria
University Hospital NHS Trust**

Competency Framework Policy

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Cumbria Partnership NHS Foundation Trust
North Cumbria University Hospitals NHS Trust

Policy On A Page

SUMMARY & AIM

This policy has been developed as a framework to identify and record evidence of the knowledge and competence required to practice clinical skills. For the purpose of this policy clinical skills are defined as;

Actions performed by an employee involved in direct patient care which impacts on clinical outcome in a measurable way. These include:

- Technical skills such as clinical examination and invasive procedures
- Non-technical skills such as teamworking and communication
- Cognitive skills such as clinical reasoning and decision-making'

Taken from NHS Education for Scotland 2007

Note: this policy is not intended to replace any national competency frameworks currently in use

TARGET AUDIENCE:

- Registered Nurses/Midwives
- Registered Health Care Professionals
- Health Care Support Workers

TRAINING:

Staff will undertake learning and development identified within the individual clinical skill Competency Framework.

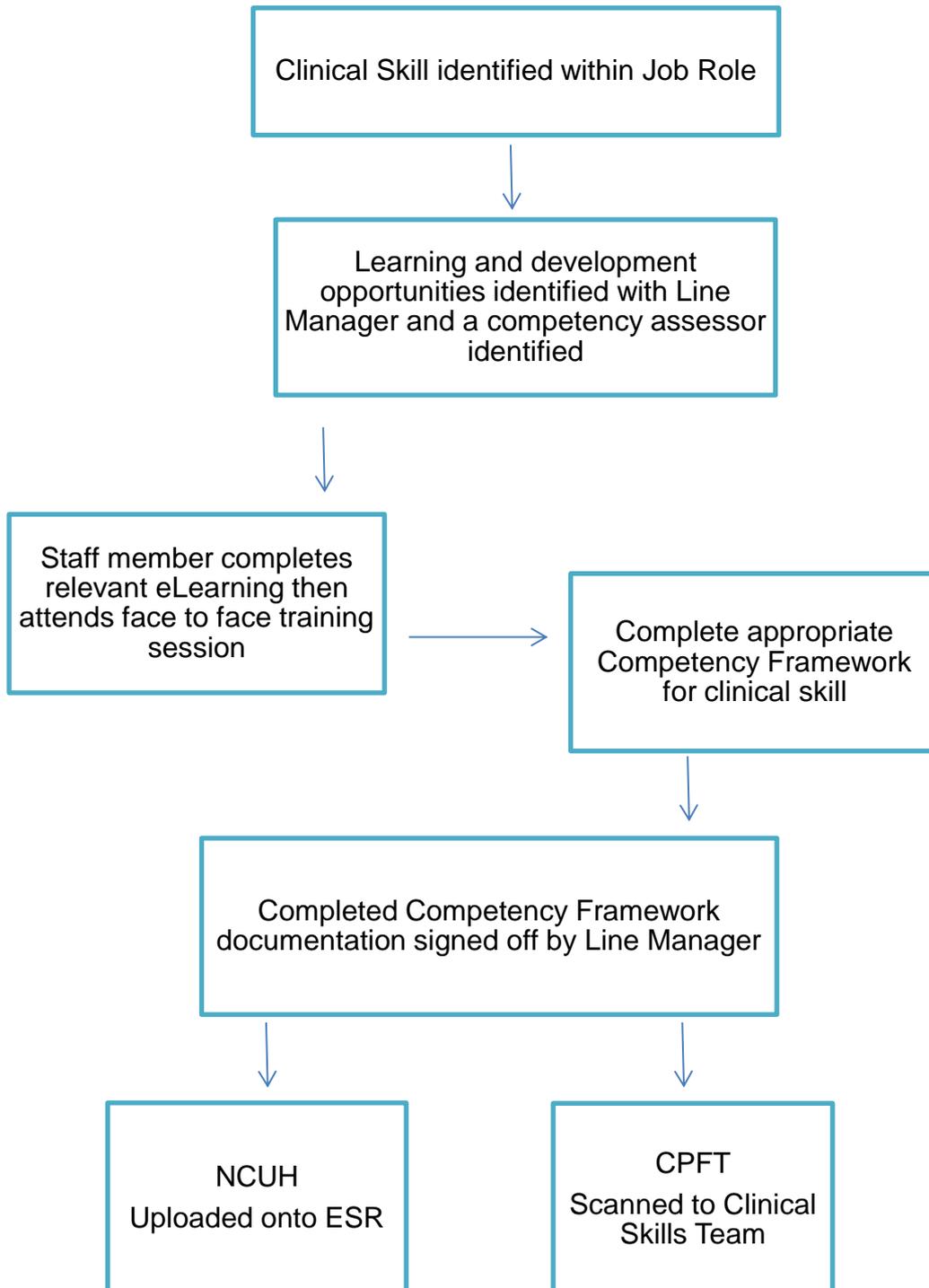
KEY REQUIREMENTS

1. Service users have the right to receive high quality care from competent staff.
2. Cumbria Partnership Foundation Trust (CPFT) and North Cumbria University Hospital (NCUH) healthcare staff must work within the limits of the job description and professional scope of practice and evidence they have the skills to do the job.
3. CPFT and NCUH healthcare staff must complete a Competency Framework as part of a clinical skill training programme to ensure best practice and ongoing high quality care.
4. Competency Frameworks must be developed by a registered practitioner with the knowledge and skills required and evidence best practice.
5. New Competency Frameworks should be reviewed by subject experts including Care Group Associate Directors of Nursing or Allied Health Professional Leads and show a clear governance process.
6. Line Managers will be responsible for the final sign off of a completed competency.

TABLE OF CONTENTS

SUMMARY FLOWCHART:	4
1. INTRODUCTION	5
2. PURPOSE	6
3. POLICY DETAILS	6
3.1 Process for Gaining Competency	6
3.2 Transferability of Clinical Skills	7
3.3 Process for Gaining Competency Assessor status	7
3.4 Process for maintaining competency	8
3.5 Process for Development of Competency Frameworks	8
4. RECORD KEEPING AND MONITORING OF COMPETENCIES	8
5. PROCESS FOR MONITORING COMPLIANCE	9
6. REFERENCES:	9
7. ASSOCIATED DOCUMENTATION:	10
8. DUTIES (ROLES & RESPONSIBILITIES):	10
8.1 Chief Executive / Trust Board Responsibilities:	10
8.2 Executive Director Responsibilities:	10
8.3 Managers/Ward Sisters/Team Leaders Responsibilities	11
8.4 Staff Responsibilities	11
8.5 Workforce and HR Functions	11
8.6 Joint Partnership Forum Responsibilities	12
9. ABBREVIATIONS/DEFINITION OF TERMS USED	12
APPENDIX A – LEVELS OF PROFICIENCY:	13
APPENDIX B - PROCESS FOR DEVELOPMENT OF COMPETENCY FRAMEWORK	14
APPENDIX C – REGISTERED PROFESSIONAL AND SUPPORT WORKER COMPETENCY AND ASSESSMENT FRAMEWORK	15
DOCUMENT CONTROL	26

SUMMARY FLOWCHART:



1. INTRODUCTION

Changes within workforce design have influenced the need for Nurses, Midwives, Support Workers and Allied Health Professionals to expand their skills. Patient care must be carried out by competent, knowledgeable and safe practitioners. CPFT and NCUH are committed to providing learning opportunities and clinical skills training which is supported by a competency framework which will help to ensure a confident, competent, supported workforce. This policy is developed from and will replace the NCUH Scope of Practice Policy.

This policy is not intended to replace any national competency frameworks currently in use

Leading Change, Adding Value: A framework for nursing midwifery and care staff, builds upon Compassion in Practice and is directly aligned with the Five Year Forward View. This guidance reinforces and encourages the need for further staff development by citing the need to narrow three crucial gaps in: health and wellbeing, care and quality, funding and efficiency. The focus for this policy is Safety, Care and Quality:

- Commitment 8 we will have the right education, training and development to enhance our skills, knowledge and understanding.
- Commitment 9 we will have the right staff in the right place at the right time.

The most recent document Future nurse: Standards of proficiency for registered nurses published in May 2018 states;

- Registered nurses in all fields of practice must demonstrate the ability to provide nursing intervention and support for people of all ages who require nursing procedures during the processes of assessment, diagnosis, care and treatment for mental, physical, cognitive and behavioural health challenges.
- Registered nurses must therefore be able to demonstrate the ability to undertake these procedures at an appropriate level for their intended field(s) of practice, <https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/>

Nurses and Midwives are governed by professional standards and must work at all times within the Nursing and Midwifery Councils' Code of Professional Conduct (NMC2015)

<https://www.nmc.org.uk/standards/code/read-the-code-online/>

Allied Health Professionals are governed by professional standards and are required to work within the Health and Care Professions Council (HCPC) Standards of Conduct, Performance and Ethics (2016).

<https://www.hcpc-uk.org/aboutregistration/standards/standardsofconductperformanceandethics/>

2. PURPOSE

The purpose of this policy is to standardise a competency assessment framework which;

- a. Supports the professional development of staff by providing a clear pathway for gaining competence and assessing competence of others.
- b. Ensures that staff have the right competencies for their role.
- c. Ensures that competencies assess the knowledge and skills of the practitioner in the specific clinical skills being assessed.
- d. Ensures all competencies are written in the same format.
- e. Provides evidence of training and practice based assessment including sign off by line manager.
- f. Identifies specific timescales for the achievement of competency and measures in place if this is not achieved.
- g. Ensures the joint Trusts have a record of clinical competency for staff.

3. POLICY DETAILS

All registered professionals are accountable for keeping their knowledge and skills up to date, taking part in appropriate and regular learning and professional development activities that aim to maintain and develop their competence and improve their performance.

All staff whether Registered and Non-Registered must ensure they work within the limitations of their own level of competence and to their role description.

3.1 Process for Gaining Competency

Within CPFT and NCUH all staff who are undertaking clinical skills are expected to evidence completion of the appropriate competency framework. This enables the staff member to demonstrate the application of theoretical knowledge and clinical skills therefore developing evidenced based practice.

Competencies are identified by job role/band and may be core or specific. The line manager will agree and prioritise the competencies required and there is an expectation that they will be achieved over an agreed timescale – usually 6 months from initial attendance at training session unless stated otherwise.

The process of gaining competency includes:

- Identification of a competency assessor within the workplace
- Completion of appropriate eLearning and attendance at formal training session.
- Practice based clinical assessments demonstrating a minimum of 3 assessments achieved at level 3 proficient as identified by Gilles, Howard and Storey (2002) see [Appendix A](#).
- Verification by Line Manager

3.2 Transferability of Clinical Skills

New members of staff to the Trust who have completed clinical skills training within another organisation and been assessed as competent must provide written evidence as proof of their competence. To allow them to practice the clinical skill within the Trust they must;

- Provide written evidence from previous organisation
- Complete any associated CPFT/NCUH eLearning
- Demonstrate their knowledge and skills by 1 satisfactory reassessment by a current competency assessor at minimum of level 3 proficient.
- Completed documentation to be signed off by line manager and uploaded to ESR

3.3 Process for Gaining Competency Assessor status

All practitioners wishing to become competency assessors must ensure they have met the criteria below

- Be a level 5 expert educator within the Trusts as defined by Giles, Howard and Storey ([Appendix A](#)) i.e. clinical skills educators

OR fulfil **all** of the criteria listed below

- Be a registered health care professional working within the joint Trusts **OR** have gained competency to assess the skill through a national competency framework eg phlebotomy.
- Have evidence of competency for the clinical skill they are assessing
- Have a minimum of 6 months regular practice experience of the clinical skill they are assessing
- Have completed relevant educator updates or equivalent where appropriate.
- Have knowledge of the relevant policies and procedures.

It is the responsibility of all competency assessors to keep their knowledge and skills up to date.

After 6 months of not practicing the clinical skill practitioners must update their knowledge and skills by 1 reassessment by a current competency assessor. This must be done using the competency Frameworks and kept by the individual as proof of update and the organisation (see flow chart on page 19)

3.4 Process for maintaining competency

It is the responsibility of the health care professional to maintain their competency for each clinical skill.

The process for maintaining competency will be identified within the competency framework for each individual clinical skill, this will include the time scale and components for refresher training.

After 6 months of not practicing the clinical skill practitioners must update their knowledge and skills by 1 reassessment by a current competency assessor. This must be done using the competency Frameworks and kept by the individual as proof of update and the organisation (see flow chart on page 19)

3.5 Process for Development of Competency Frameworks

Competency Frameworks may be considered as part of a planned service improvement or in response to a specific patient condition which requires a new skill to be developed within the Trusts. They must be approved via appropriate governance route and follow current best practice guidelines.

Guidelines around key principles and process are shown in [Appendix B](#)
A standard template for a competency framework is shown in [Appendix C](#)

4. RECORD KEEPING AND MONITORING OF COMPETENCIES

Registered staff, AHP's and support workers must maintain a record of their clinical skills competence including signed competency frameworks and final sign off sheets in their personal portfolio.

Line Managers must keep an up to date record of the achieved competencies of their staff.

As part of the individual's appraisal, the continued appropriateness of the clinical skill along with the underpinning knowledge and practice will be reviewed. The maintenance of that competency and development of competency assessor status will also be discussed.

Staff employed by NCUH will send their competency framework and final sign off sheet to Learning and Development to upload onto ESR or departmental quality systems.

Staff employed by CPFT will send a copy of their competency framework final sign off sheet to Clinical Education Facilitators to upload onto CPFT's database.

5. PROCESS FOR MONITORING COMPLIANCE

The process for monitoring compliance with the effectiveness of this policy is as follows:

Aspect being monitored	Monitoring Methodology	Reporting		
		Presented by	Committee	Frequency
Clinical Skills Competency Frameworks are developed in line with policy	Presentation	Author	Care Group Governance	Annually or as required
Registered staff are competent to undertake clinical skills	Reported incidents/risks Training records & personal portfolios	Locality/service managers.	Q & S leads	Ongoing and at annual appraisal
Non-Registered staff are competent to undertake clinical skills	Training records, personal portfolios	Clinicians who are delegating tasks	Q&S leads	Ongoing and at annual appraisal

Wherever the above monitoring has identified deficiencies, the following must be in place:

- Action plan
- Progress of action plan monitored by the name of relevant committee minutes
- Risks will be considered for inclusion in the appropriate risk registers

6. REFERENCES:

Code of Conduct for Healthcare Support Workers

<https://www.skillsforcare.org.uk/Standards-legislation/Code-of-Conduct/Code-of-Conduct.aspx>

Leading Change, Adding Value

<https://www.england.nhs.uk/wp-content/uploads/2016/05/nursing-framework.pdf>

NHS Five Year Forward View

<https://www.england.nhs.uk/ourwork/futurenhs/nhs-five-year-forward-view-web-version/5yfv-exec-sum/>

NHS Education for Scotland (2007) Partnerships for Care. Taking Forward the Scottish Clinical Skills Strategy. Executive Summary. Edinburgh: NES

Nursing and Midwifery Code of Conduct

<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

Standards of Performance, Conduct and Ethics

<http://www.hpc->

[uk.org/aboutregistration/standards/standardsofconductperformanceandethics/](http://www.hpc-uk.org/aboutregistration/standards/standardsofconductperformanceandethics/)

7. ASSOCIATED DOCUMENTATION:

CPFT

- Capability Policy (Oct 17-Oct 19) [POL/004/017](#)
- Learning and Development Policy (Nov 17-Nov 19) [POL/004/037](#)
- Delegation Guidelines for Registered Nurses and Allied Health Professionals working with Non-Registered Clinical Support Staff [POL/001/062](#)
- Appraisal Policy (Nov 16-Nov 18. Extended to 30/6/19) [POL/004/022](#)
- Clinical Supervision and Peer Review Policy [POL/001/052](#)
- Raising Concerns Policy (May 18-Mar 21) [POL/004/007](#)
- Being Open and Duty of Candour Policy (Aug 18-Jun 21) [POL/CLIN/001](#)

NCUH

- Appraisal Policy - Non Medical Staff
- Being Open and Duty of Candour Policy Joint
- Capability Procedure
- Clinical supervision guidelines June 15
- Raising Concerns (Whistleblowing) Policy

8. DUTIES (ROLES & RESPONSIBILITIES):

8.1 Chief Executive / Trust Board Responsibilities:

The Chief Executive and Trust Board jointly have overall responsibility for the strategic and operational management of the Trust, including ensuring that Trust policies comply with all legal, statutory and good practice requirements.

8.2 Executive Director Responsibilities:

All policies have a designated Executive Director and it is their responsibility to be involved in the development and sign off of the policies, this should ensure that Trust policies meet statutory legislation and guidance where appropriate. They must ensure the policies are kept up to date by the relevant author and approved at the appropriate committee.

8.3 Managers/Ward Sisters/Team Leaders Responsibilities:

All Managers are responsible for ensuring any clinical skills carried out within their area are done so only by a practitioner who has completed the appropriate learning / training and has had final sign off of the relevant Competency Framework under the NMC code section 11:

Be accountable for your decisions to delegate tasks and duties to other people.
To achieve this, you must:

- only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instructions
- make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care, and
- confirm that the outcome of any task you have delegated to someone else meets the required standard.

Managers are expected to support their staff in seeking opportunities to achieve competency sign off.

Managers are responsible final sign off of any competency (this includes that the competency has been completed accurately).

8.4 Staff Responsibilities:

All staff have a professional responsibility for keeping their practice and knowledge up to date and completing any learning / training and the associated Competency Framework to allow them to perform the clinical skills which require this. This includes identifying areas and opportunities to gain competency sign off and maintaining competency for each clinical skill.

All Registered staff/AHP's have a responsibility to ensure delegation is carried out in accordance with the trusts' Delegation Policy.

All Non-Registered staff have a responsibility under the Code of Conduct for Healthcare Support Workers to "be honest with yourself and others about what you can do, recognise your abilities and the limitations of your competence and only carry out or delegate those tasks agreed in your job description and for which you are competent".

8.5 Workforce and HR Functions

NCUH - Receive the competency framework and uploads onto staff member's individual training record on ESR.

CPFT - Receive the competency framework and uploads onto a learning database.

8.6 Joint Partnership Forum Responsibilities:

The Chair of the Joint Partnership Forum will ensure the policy approval is documented in the final section of the Checklist for Policy Changes. The committee will agree the approval of the final draft of the policy.

9. ABBREVIATIONS/DEFINITION OF TERMS USED

ABBREVIATION	DEFINITION
AP	Assistant Practitioner
CPFT	Cumbria Partnership Foundation Trust
ESR	Electronic Staff Record
HCA	Health Care Assistant
HCPC	Health & Care Professionals Council
NMC	Nursing & Midwifery Council
NCUH	North Cumbria University Hospitals
NM&AHP	Nursing, Midwifery and Allied Health Professional

TERM USED	DEFINITION
Competency Framework	Documentation detailing the knowledge, skills and attributes required to practice a specific clinical skill.
Registered Professional	Nurse Midwife Allied Health Professional
Support Worker	Health Care Assistant Midwifery Health Care Assistant Theatre Health Care Assistant Radiography Health Care Assistant Assistant Practitioner Physiotherapy Assistant Occupational Therapy Assistant

APPENDIX A – LEVELS OF PROFICIENCY:

Level 1 Foundation	The practitioner performs skills under direct supervision of others more proficient in the skill.
Level 2 Intermediate	The practitioner can demonstrate acceptable performance in the skill requiring less supervision and guidance, but they are not expected to demonstrate full competence or practice autonomously
Level 3 Proficient	The practitioner demonstrates competency consistently throughout. They demonstrate the ability to practice safely and effectively without the need for direct supervision.
Level 4 Advanced	The advanced practitioner is autonomous and reflexive, performs skills safely and accurately and is aware of current best practice.
Level 5 Expert	The expert practitioner is able to demonstrate a deeper understanding of the skill and contributes to the development and dissemination of knowledge through teaching and development of others.

Gilles, Howard and Storey (2002)

APPENDIX B - PROCESS FOR DEVELOPMENT OF COMPETENCY FRAMEWORK

KEY PRINCIPLES FOR DEVELOPMENT

Key principles to take into account when developing a specific Competency Framework for approval

- Outline the boundaries of the Framework of the proposed practice, for example staff group, patient inclusion criteria, and clinical area.
- Identify the specific and underpinning knowledge, skills and behavioural competencies required for safe practice, including appropriate communication for example, demonstrates an explanation of all actions and an opportunity to ask questions.
- Identify how the knowledge and skills will be acquired, for example work based learning, attendance at study sessions or formal course.
- Document the nature of the supervised practice to be undertaken. The named Assessor must be competent in the area of practice to be developed and identified as appropriate by their line manager.
- Document the assessment process to be undertaken by the named Assessor. This should include the nature and number of direct observations of practice and assessment of underpinning knowledge, set against the agreed competencies.
- Any regular refresher update required must be determined at the outset and systems will be agreed to ensure these are attended

**APPENDIX C – REGISTERED PROFESSIONAL AND SUPPORT WORKER
COMPETENCY AND ASSESSMENT FRAMEWORK**

Competency Framework

For

(Author to insert name)

Document Control

Author/Contact	
Version	
Publication Date	
Review Date	
Approved by:	
Distribution:	

Statement of changes from previous version

Version	Date	Brief summary of change (including changed section)	Author

Review Process Prior to Ratification:

Name of Group/Department/Committee	Date

COMPETENCY RECORD 1 NEW COMPETENCY

Title of Competency Framework

.....

Name

Work Place

ELearning completed date

Face to face training date

Competency achieved date

I confirm that the skills I have obtained are;

- Appropriate to my post and my responsibilities within this post
- and
- I have the responsibility to complete the refresher training as stated within the competency framework

Signature of Health Care Practitioner

Date

I confirm that the above practitioner has successfully achieved
and all the documentation has been accurately completed

Name of Line Manager (please print)

Signature of Line Manager

Date:

COMPETENCY RECORD 2 COMPETENCY ASSESSOR

Title of competency framework

.....

Name

Work Place

Competency Achieved

Competency Practiced for

I confirm that the competency assessor role is;

- Appropriate to my post and my responsibilities within this post
- and
- I have the responsibility to complete the refresher training as stated within the competency framework

Signature of Health Care Practitioner:

Date

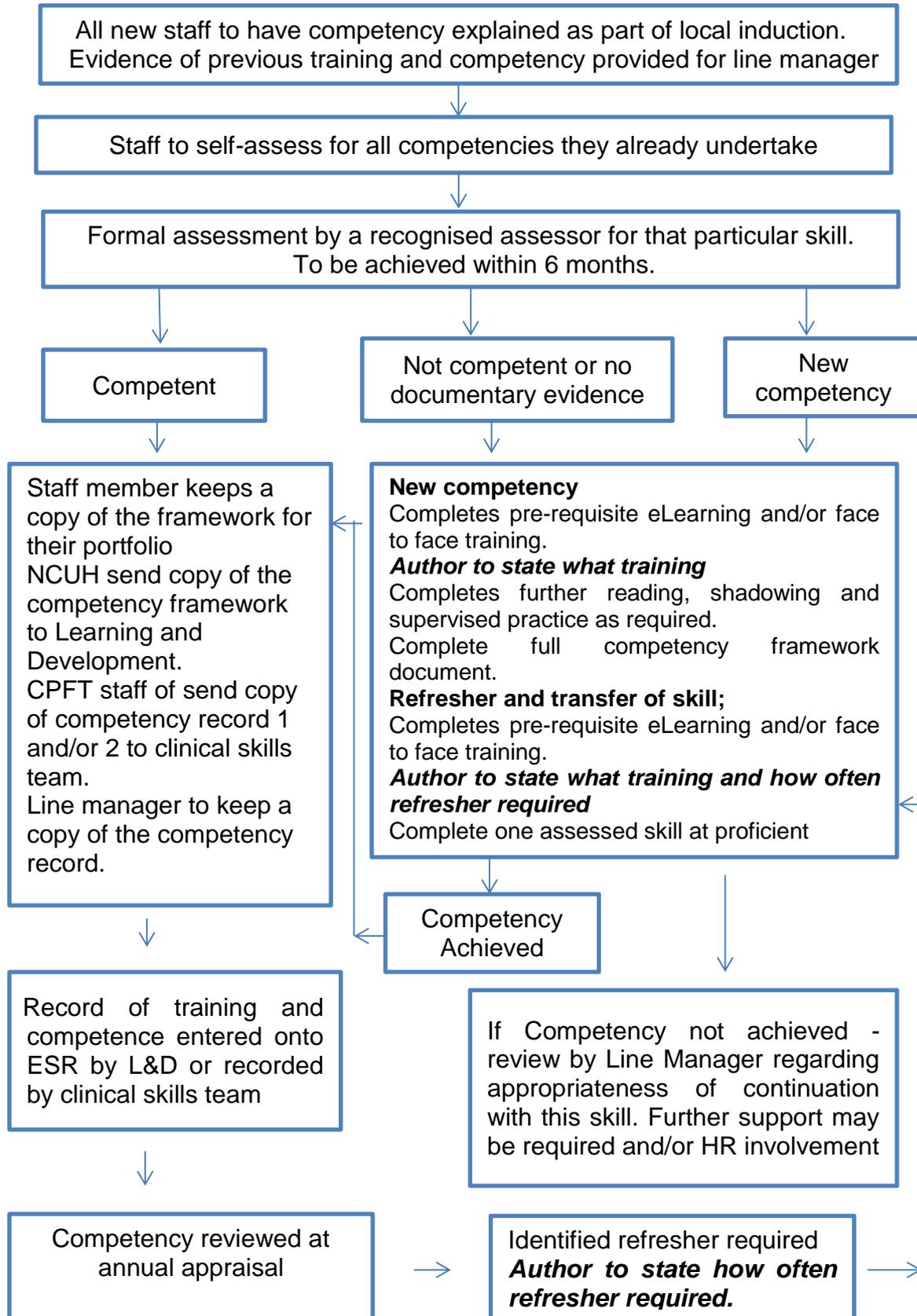
I verify that this person is;

- A registered health care professional
- Has completed relevant educator updates or equivalent where appropriate.
- Has knowledge of the relevant policies and procedures
- Has practiced as anpractitioner for a minimum of 6 months

Name of Line Manager (please print)

Signature of Line Manager

Date:



INTRODUCTION

This competency framework describes the competencies that you will need to enable you to practice (*insert name of competency*) proficiently within (*insert organisation/s*) for ease of use the competencies are divided into domains of practice. The purpose of the framework is threefold; it should be used as a guide to enable you to appreciate the scope of practice you will require to allow you to practice competently and effectively; it serves as the key tool to enable you and others to assess your current level of practice and structure your development accordingly, and finally it is a record of your professional development.

This competency applies to a (*insert who applies to*) who has successfully completed the minimum standard of learning detailed below:

Insert all that apply.

It is expected that you demonstrate a minimum of 3 supervised practices witnessed by a competent practitioner that are signed off at the level of proficient.

Level 1 Foundation	The practitioner performs skills under direct supervision of others more proficient in the skill.
Level 2 Intermediate	The practitioner can demonstrate acceptable performance in the skill requiring less supervision and guidance, but they are not expected to demonstrate full competence or practice autonomously
Level 3 Proficient	The practitioner demonstrates competency consistently throughout. They demonstrate the ability to practice safely and effectively without the need for direct supervision.
Level 4 Advanced	The advanced practitioner is autonomous and reflexive, performs skills safely and accurately and is aware of current best practice.
Level 5 Expert	The expert practitioner is able to demonstrate a deeper understanding of the skill and contributes to the development and dissemination of knowledge through teaching and development of others.

Gilles, Howard and Storey (2002)

All core competencies must be achieved. Assessment of competence is conducted primarily in the clinical setting; it is achieved through observation of practice and professional conversation with an identified assessor; the objective being to assess both theoretical and procedural knowledge. This guidance is based on best available evidence. The identified assessor must be competent at all competencies for which he/she is assessing.

A copy of the completed competency tool must be retained by the staff member, and their line manager.

Competency framework should be completed within 6 months of attending (*insert name of training*).

REVALIDATION:

From April 2016, when you next reregister with the Nursing & Midwifery Council (NMC), all nurses will be required to demonstrate they meet a range of revalidation requirements designed to show that you are keeping up to date and actively maintaining your fitness to practise.

On completion of this training is the ideal opportunity to reflect on your achievement of a new or updated competency. This reflection can be utilised to provide written evidence for your revalidation.



Suggestions of written pieces of evidence:

- Personal reflection – i.e. using Gibbs model of reflection
- Patient feedback comments
- Continuing Professional Development plan
- Evidence of Clinical Supervision hours
- References to policy (local and national)
- Evidence of reading relevant journal articles
- Witness testimony from colleagues or supervisor
- Action plans for further development
- E – learning

Name of Supervisee: _____

Minimum Number of Assessments: 3 at Level 3 Proficient.

KNOWLEDGE

	Measured Outcome	Process of Achievement	Who will complete Assessments	Practice No	Learner Sign	Date	and	Assessor Sign	Date	and
1				1						
				2						
				3						
				4						
				5						
2				1						
				2						
				3						
				4						
				5						
3				1						
				2						
				3						
				4						
				5						

Name of Supervisee: _____

PEFORMANCE

	Measured Outcome	Process of Achievement	Who will complete Assessments	Practice No	Learner Date and Sign	Assessor Date and Sign
4				1		
				2		
				3		
				4		
				5		
5				1		
				2		
				3		
				4		
				5		
6				1		
				2		
				3		
				4		
				5		

Name of Supervisee: _____

PROFESSIONAL RESPONSIBILITY

	Measured Outcome	Process of Achievement	Who will complete Assessments	Practice No	Learner Sign	Date and	Assessor Sign	Date and
7				1				
				2				
				3				
				4				
				5				
8				1				
				2				
				3				
				4				
				5				
9				1				
				2				
				3				
				4				
				5				

SUPERVISOR DETAILS

	Date	Level Achieved	Signature	Name	Comments/Actions
<u>1</u>					
<u>2</u>					
<u>3</u>					
<u>4</u>					
<u>5</u>					

DOCUMENT CONTROL

Equality Impact Assessment Date	13/07/2018
Sub-Committee & Approval Date	Joint Trust Partnership Forum – 08/10/2018

History of previous published versions of this document:

Version	Ratified Date	Review Date	Date Published	Disposal Date
Scope of Practice policy for Registered Professionals and Support Workers – version 1 NCUH	20/10/2016	31/10/2019	09/01/2017	20/10/2026

Statement of changes made from previous version

Version	Date	Section & Description of change
1.1	04/06/2018	<ul style="list-style-type: none"> Summary flowchart 3rd box eLearning first then face to face. Section 1 and 3 grammatical changes. Section 1 include role/job description 3.1 what process if not achieved in 3 months to be included 3.3 Organisation to recorded competency 4 include how reports run from ESR Appendix A include in flow chart pre requisite learning.
1.2	12/06/2018	<ul style="list-style-type: none"> Page 5 addition of link to Future nurse; Standards of proficiency for registered nurses.
1.3	10/07/2018	<ul style="list-style-type: none"> Aims and objectives addition of clinical skill definition
1.4	17/07/2018	<ul style="list-style-type: none"> Change time frame for gaining competence from 3 months to 6 months.
1.5	08/08/2018	<ul style="list-style-type: none"> 5.4 include staff responsibility to maintain clinical skill one attained competency
1.6	19/09/2018	<ul style="list-style-type: none"> Grammatical corrections Addition to policy summary and induction – does not replace already national competencies in use. Replace OLM with ESR Agree NCUH and not NCUHT
0.7	05/11/2018	<ul style="list-style-type: none"> Moved information under section 5 (responsibilities) to section 8 as per policy template and renumbered document throughout Joint Partnership Forum specified as approving committee under responsibilities section (now section 8) Definition of Terms used section sorted into alphabetical order Version numbering referenced in this table and policy header updated to reflect that the policy is now a joint policy and will revert to version 1.0 upon publication.

List of Stakeholders who have reviewed the document

Name	Job Title	Date
Clinical Skills Steering Group		19/04/2018
Nursing and Midwifery Board NCUH		08/08/2018
Trust wide Clinical Governance meeting		17/07/2018
Professional Council CPFT		10/07/2018
Joint Policy Sub Group		19/09/2018
Trust Partnership Forum		08/10/2018