

## STANDARD OPERATING PROCEDURE CLINICAL SKILLS COMPETENCY ASSESSMENT

<b>Document Reference</b>	SOP21-041
<b>Version Number</b>	1.1
<b>Author/Lead Job Title</b>	Sadie Milner, Patient Safety and Practice Development Lead Samantha Faine, Clinical Competency Programme Manager
<b>Instigated by: Date Instigated:</b>	Tracy Flanagan, Deputy Director of Nursing March 2021
<b>Date Last Reviewed:</b>	19 April 2023
<b>Date of Next Review:</b>	April 2026
<b>Consultation</b>	Clinical Skills Competency Development Group Physical Health and Medical Devices Group
<b>Ratified and Quality Checked by: Date Ratified:</b>	Quality and Patient Safety Group (QPaS) 19 April 2023
<b>Name of Trust Strategy / Policy / Guidelines this SOP refers to:</b>	

**VALIDITY – All local SOPS should be accessed via the intranet**

### CHANGE RECORD

Version	Date	Change details
1.0	May 2021	New SOP.
1.1	April 2023	Review of document, intranet links updated, amendment the approval process, added 2 further core competencies, wording of competency level changed. Approved at PHMD group (19 April 2023).

## Contents

1. INTRODUCTION.....	3
2. DUTIES AND RESPONSIBILITIES.....	4
3. PROCEDURES.....	5
3.1. Core Clinical Skills Competencies.....	5
3.2. Role Specific Clinical Skills Competencies.....	5
3.3. Developing a Clinical Skills Competency .....	5
3.4. Governance and Approval.....	6
3.5. Monitoring Compliance .....	6
3.6. Proposed procedure for undertaking clinical skill competency assessment.....	7
4. RELATED POLICIES AND GUIDELINES .....	9
APPENDIX – CLINICAL SKILLS FLOWCHART.....	10

## 1. INTRODUCTION

This standard operating procedure describes the process and procedures that are to be undertaken in developing and approving all clinical skills competency assessments by the Humber Teaching NHS Foundation Trust. This SOP will outline the competency framework for clinical skills and the governance supporting this.

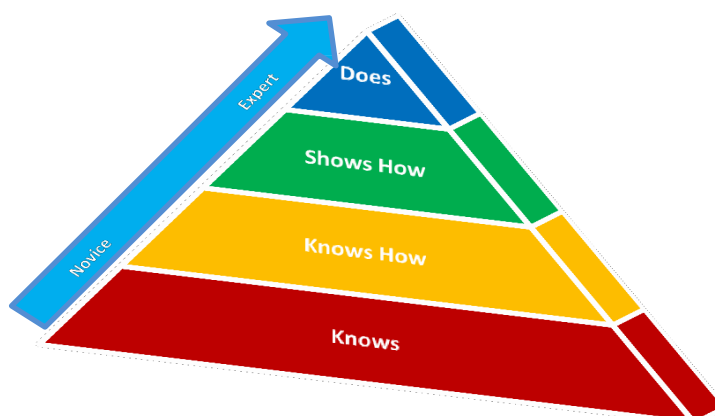
### 1.1. Clinical Skills Competency Framework

The competency framework sets out a structure for core and role specific competencies across the organisation ensuring that our registered/non-registered nurses and allied health professionals have the required level of knowledge and skills. Practitioners will be assessed against an agreed set of standards enabling the delivery of safe and effective care.

The framework aims to support the requirements as stated in the following:

[HEE: Physical Health Competency Framework for Mental Health and Learning Disability Settings](#)  
[Future Nurse Proficiencies \(nmc.org.uk\)](#)  
[NMC Standards for Competence for Registered Nurses](#)  
[Standards of proficiency | \(hcpc-uk.org\)](#)

Humber's competency framework is based on the competency framework developed by Central North-West London Trust which uses Miller's framework, describing what the practitioner needs to know and what needs to observe in practice. Psychologist George Miller proposed a framework for assessing intricacies of clinical competence in medical students in 1990, which has been applied to nursing and other health professionals. It provides a structured approach to the assessment of in a pyramidal structure with four levels, each of which required specific methods of assessment. The layers are "Knows," "Knows How," "Shows How," and "Does." This framework highlights how a practitioner can develop from novice to expert practice, highlighting the knowledge behavior and attitudes to develop for competence practice. Guidance has been developed to support practitioners and assessors in undertaking self-assessments and competency assessments using this framework.



## 2. DUTIES AND RESPONSIBILITIES

### **Director of Nursing, Allied Health and Social Care Professionals**

- Maintain the executive lead for clinical skills competencies.

### **Assistant Director of Quality Governance and Patient Safety**

- To oversee the clinical skills competency framework work stream

### **Patient Safety Team**

- To lead and chair the Clinical Skills Competency Development Group reporting to Physical Health and Medical Devices Group
- To develop and support the roll out of the competency framework across the organisation engaging with local teams and subject experts
- Maintain robust governance around the development and approval processes in relation to clinical skills competency assessment
- To keep a central data base (HealthAssure) of proposed and approved clinical skills competencies maintaining version control and review schedules
- To work with the training and development team in developing, reviewing and approving training packages associated with clinical skills competencies
- Ensuring clinical skills competencies are approved through the appropriate approval channels and reflect best practice guidance i.e. NICE.
- To support teams with clinical competency assessments and cascade training.

### **Training and development team**

- To work with the practice development team and subject experts in the development of clinical skills training packages both face to face and e-learning
- To ensure clinical skills training is approved through the clinical skills development group and PHMD group
- To provide support and infrastructure on ESR for monitoring compliance via ESR

### **Matrons/Clinical Leads/Team Leaders**

- To work with the practice development team in identifying core and role specific clinical skills competencies
- To work with the practice development team in the developing proposals, assessment tools and assessors guidance in line with the approved framework
- To remain up to date and competent as related to role and responsibilities
- Support staff to access training and clinical skills updates
- Provide support and supervision and undertake clinical skills competency assessment as per the approved Trust framework and model
- To monitor local compliance with clinical skills competency through ESR
- Ensure structures are in place within teams to support cascade training and competency assessment
- Identify staff learning needs through supervision

### **Patient Safety Team Administrator**

- To support the administration of the Clinical Skill Competency Development Group
- To ensure the approved documents are in line with Trust branding and formatting guidelines
- To manage approved clinical skills competency documents through HealthAssure

### 3. PROCEDURES

There are two types of Clinical Skills Competencies: Core Clinical Skills Competencies and Role Specific Clinical Skills Competencies

#### 3.1. Core Clinical Skills Competencies

Core clinical skills are those skills that cut across specialities and have been deemed by the organisation as being fundamental to patient care and are a role requirement.

Core clinical skills competencies include:

- Pressure ulcer prevention and management
- Falls prevention
- Care and management of the deteriorating patient including NEWS2, sepsis and vital signs monitoring
- Nutrition and hydration
- Annual Medicines Optimisation
- Hand Hygiene and Personal Protective Equipment (PPE)

Elements of each of these competencies will be relevant to the majority of our registered and non-registered nurses and allied health professionals.

#### 3.2. Role Specific Clinical Skills Competencies

Role specific clinical skills competencies are related to specialist skills and knowledge that are required to enable practitioners to carry out their duties. These skills are specific to an area of practice or speciality. Examples include:

- IV drug administration
- Catheterisation
- Venepuncture
- Phlebotomy
- Wound care
- Safe use of a syringe driver
- Equipment prescription and provision

#### 3.3. Developing a Clinical Skills Competency

The development of all clinical skills competencies, either core or role specific, will be overseen by the corporate Patient Safety Team who will be responsible for determining whether the competence is core or role specific.

All clinical skills will meet with the required trust format and be approved through the appropriate channels:

- Clinical Network Groups (consultation & first stage approval)
- Clinical Skills Competency Development Group (consultation & first stage approval)
- Physical Health and Medical Devices or Clinical Advisory Group (final approval)

Clinical teams wishing to develop a competence will complete a Clinical Skills Competencies Proposal Form by contacting the patient safety team:  
[samantha.faine1@nhs.net](mailto:samantha.faine1@nhs.net)

Once completed this form is to be returned to the Patient Safety Team.

Upon receipt of the proposal form the Patient Safety Team will log on the master tracker

The Patient Safety Team will contact the named lead clinician and work with them to develop the following using the approved templates which are available of the intranet:

- **Competency specific guidance for the assessor**
- **Self-assessment tool**
- **Clinical Skill Competency Assessment Tool**

Each clinical skill competency will be developed using best practice guidance and will align with trust clinical policies and procedures and be developed by a clinician/s with subject expertise.

The Patient Safety Team will support the lead clinician through the development and approval process

### **3.4. Governance and Approval**

Clinical Skills Competencies will firstly be approved through the relevant clinical network groups (role specific competencies) and/or the Clinical Skills Competency Development Group (core and role specific competencies) before approval and ratification at the Physical Health and Medical Devices Group.

If the clinical skill is deemed to be high risk final approval at Quality and Patient Safety Group can be requested.

If the clinical skill involves medicine administration, it will also need to be approved at Drugs and Therapeutics Group.

Once approved the documents will be held on the Clinical Skills Competency Framework intranet page and ESR and will be reported in the Global newsletter.

Approved documents will be managed through the policy module of HealthAssure and will adhere to Trust standards for branding, formatting and be subject to version control. The Patient Safety team will be responsible for holding the version controlled documents. Clinical Skills Competencies and associated recommended training will be reviewed by the author every three years, or when best practice guidance is published or revised.

### **3.5. Monitoring Compliance**

#### **Core Clinical Skill Competencies compliance**

There will be an expectation that all registered/non-registered nurses and allied health professionals will carry out the core clinical skills competency assessments these will be assigned as an essential requirement on ESR.

Where a practitioner does not feel that any element of a core competence is relevant to their role then there will be an option to opt out. This will have to be authorised by the practitioner's clinical supervisor/line manager and marked as such on ESR.

Where some elements of the core competency are not applicable to the practitioner's role then that specific component can be marked as NA on the self-assessment form and the competency assessment form. The practitioner will be assessed only on the elements that are relevant to their role and responsibilities.

Upon successful completion of the competency assessment the assessor will inform the practitioner's line manager/clinical supervisor who will be responsible for confirming compliance on ESR. This will be managed in line with the current process used for training, and guidance of how to update the competency status is available on the clinical competency intranet page. The line manager will have access to the individual's record to monitor compliance.

### **Role specific clinical skills competencies compliance**

Allocation of role specific competencies to an individual practitioner will be identified through clinical supervision and annual appraisal and will be linked to the practitioner job description. Having identified key role specific competencies the competencies will be assigned to the practitioner as essential and requiring completion. Guidance of how this can be done can be found on the ESR Self-Service intranet page. The line manager will have access to the individual's record to monitor compliance.

Upon successful completion of any recommended training, practice supervision and competency assessment the assessor will inform the practitioner's line manager/clinical supervisor who will be responsible for confirming compliance on ESR. The process of how this can be done can be found on the ESR Self-Service intranet page.

[ESR Supervisor Self Service \(humber.nhs.uk\)](https://humber.nhs.uk)

## **3.6. Proposed procedure for undertaking clinical skill competency assessment**

### **Step 1: Self-assessment**

The first stage of a clinical skills competency assessment requires the practitioner to undertake a self-assessment. The self-assessment supports our practitioners to practice reflection and acknowledge the limits of their knowledge and skills.

The [NMC Standards for Competence for Registered Nurses](#) states that all nurses must be responsible and accountable for keeping their knowledge and skills up to date through continuing professional development. They must aim to improve their performance and enhance the safety and quality of care through evaluation, supervision and appraisal. They must practice independently, recognising the limits of their competence and knowledge. They must reflect on these limits and seek advice from, or refer to, other professionals where necessary.

The Health and Care Professional Committee (HCPC) have clear expectations of a registrants knowledge and abilities when they start to practice, and state that they must continue to meet to standards of proficiency that apply to their scope of practice. [Standards of proficiency | \(hcpc-uk.org\)](#) Whilst not all practitioners undertaking a clinical skills competency assessment will be registered nurses or therapists this is the standard that we can aspire to for all our clinical staff.

The practitioner will assess themselves against a standardised set of competency components. They will determine their perceived level of competency as follows:

#### **Level 1: KNOWS (Has some knowledge)**

Knows the key principles, policies and safe and effective practice.

Has been introduced to the process/procedure associated with the associated competency.

Level of knowledge and understanding of the application and allowed to perform the task under direct supervision.

#### **Level 2: KNOWS HOW (Is able to apply that knowledge)**

Has repeatedly performed the process with increasing confidence, has observed the skill and performed under supervision.

May lack confidence in the performance of the skill and need support and encouragement from a more experienced colleague

#### **Level 3: SHOWS (Demonstrate how to apply that knowledge)**

Successfully demonstrated performance of task independently and safely.

Skilled and confident to complete it without assistance.

#### **Level 4: DOES (Is able to show performance and teach others)**

Can teach skill to others.

Confident, can perform it to the expected level and can teach it to inexperienced colleagues/junior practitioners as well as patients and families

Following self-assessment the practitioner may have identified gaps in their knowledge and skills and may choose to undertake the recommended training or seek additional support through supervised practice.

#### **Step 2a: Competency assessment**

Having completed their self-assessment and any training/supervised practice the practitioner will require a formal assessment of competence with their clinical supervisor/competency assessor.

A clinical skills competency assessor must have been 'signed off' as competent at level 3 or level 4 for the competency for which they are assessing. They must have good knowledge and understanding of the role and responsibilities of the practitioner. Ideally competency assessment should align with the clinical supervision structures within a team and cascade from the top down.

The clinical skills competency assessor will use the approved version of the clinical skills competency assessment tool and assessors guidance.

For level 1 and 2 assessments, the assessor can ask the practitioner to describe the key principles and knowledge through question and answers. In order to demonstrate clinical competence at levels 3 and 4 knowledge and principles need to be applied in the real world. This should be assessed through observed practice or clinical simulation thus measuring the practitioner ability to perform.

The assessor will use the self-assessment as a basis for the formal assessment.

Working through each component part of the competency assessment form the assessor firstly needs to determine at what level the practitioner needs to be performing at in order to fulfil their role and responsibilities. The assessor must then determine at which level they practitioner is performing. Guidance will accompany each competency, and this should be used to support the assessment as it clearly outlines the expected minimum standards required at each level.

The core competency assessments have been produced so that practitioners at all levels can use them irrespective of their profession or role. Therefore there may be elements of the competency that are not relevant to the practitioner's role in which case the assessor will determine such elements as not applicable (NA).

Assessor will be responsible for 'signing off' an individual as clinically competent therefore it is important that the assessor is assured that the practitioner is able to evidence their ability to deliver safe and effect care at the level required for their role.

If gaps between the required level of competency and the actual level of competency are identified, then the practitioner and the assessor must develop an action plan to address these gaps.



### **Step 2b: Competency action plan**

Having completed steps 1 and 2, gaps in knowledge, skills or understanding may be identified. In order to progress to the required level the practitioner and assessor must develop a competency action plan. The action plan will set out clear achievable objectives within a specified timeframe.

In cases where gaps in knowledge and skills are identified the practitioner will be required to undertake the recommended training. For each core clinical skill there will be an associated training package available on ESR to support learning and/or face to face training at the Learning Centre. These packages will meet the required standards expected by the Trust.

All training packages have been through an internal approval process (Physical Health and Medical Devices Group and Quality and Patient Safety Group) and meet with current best practice guidance.

Additional actions may also form part of the practitioner's action plan:

- Shadowing a colleague
- Supervised practice
- Writing a reflection
- Self-directed learning
- Completion of a workbook

### **Step 3: Re-Assessment**

Upon completion of the recommended clinical skills training package and any other identified actions i.e. supervised practice the practitioner will be re-assessed by their assessor focusing on the elements where the required standards were not previously met. The practitioner should be able to evidence completion of any completed training on ESR (or other i.e. E-Learning for Health or attendance face to face training).

Once the assessor is assured that the practitioner has reached the required level then they can 'sign off' the competence.

### **Step 4: Monitoring compliance**

Following 'sign off' the assessor should inform the practitioner's line manager and they will be responsible for logging this on ESR.

Monitoring compliance with clinical skills competencies should form part of clinical supervision and the annual appraisal process.

## **4. RELATED POLICIES AND GUIDELINES**

Relevant policies as related to the clinical skill being assessed include but not limited to:

[Falls Policy - Patient N-058.pdf \(humber.nhs.uk\)](#)

[Deteriorating Patient Policy N-062.pdf \(humber.nhs.uk\)](#)

[Nutrition and Hydration Guideline for Adult Inpatient Units G388.pdf \(humber.nhs.uk\)](#)

[Pressure Ulcer Prevention and Management Policy and Procedure N-050.pdf \(humber.nhs.uk\)](#)

[Medicines Optimisation Policy.pdf \(humber.nhs.uk\)](#)

[Infection Prevention and Control Arrangements Policy N-014.pdf \(humber.nhs.uk\)](#)

## APPENDIX – CLINICAL SKILLS FLOWCHART

### Clinical Skills Competency Assessment

- Core Clinical Skills
- Role Specific Clinical Skills

