



## **Clinical Supervision Policy for Pharmacists within 111 Integrated Urgent Care (IUC) Clinical Assessment Service (CAS)**

### **Contents**

<b>1</b>	<b>Statement of Aims and Objectives</b> .....	<b>2</b>
<b>2</b>	<b>Background</b> .....	<b>2</b>
<b>3</b>	<b>Purpose</b> .....	<b>3</b>
<b>4</b>	<b>Scope</b> .....	<b>3</b>
<b>5</b>	<b>Definitions</b> .....	<b>3</b>
<b>6</b>	<b>How Clinical Supervision Works</b> .....	<b>3</b>
<b>7</b>	<b>What should Clinical Supervision Achieve</b> .....	<b>4</b>
<b>8</b>	<b>Levels of practice</b> .....	<b>5</b>
<b>9</b>	<b>How is Clinical Supervision undertaken?</b> .....	<b>6</b>
<b>10</b>	<b>Roles and Responsibilities of the Clinical Supervisor</b> .....	<b>7</b>
<b>11</b>	<b>Roles and Responsibilities of the Supervisee</b> .....	<b>9</b>
<b>12</b>	<b>Escalating concerns</b> .....	<b>10</b>
<b>13</b>	<b>Resources and Documentation</b> .....	<b>10</b>
<b>14</b>	<b>Managing conflicts of interest</b> .....	<b>11</b>
<b>15</b>	<b>Responsibilities</b> .....	<b>11</b>
<b>16</b>	<b>Audit and Review (evaluating effectiveness)</b> .....	<b>12</b>
<b>17</b>	<b>References</b> .....	<b>13</b>
<b>18</b>	<b>Financial Checkpoint</b> .....	<b>14</b>
<b>19</b>	<b>Equality Analysis</b> .....	<b>14</b>

## 1 Statement of Aims and Objectives

- 1.1. South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to providing high quality patient care.
- 1.2. This policy sets out what **Clinical Supervision** should look like for Pharmacists working in the Trust.
- 1.3. It is applicable to all Pharmacists working in 111 Integrated Urgent Care (IUC) Clinical Assessment Service (CAS) service, whether they are independent prescribers or not, and sets out the professional accountability and supervisory support required to ensure that they deliver safe and effective medicines advice and support within the scope of their clinical practice.
- 1.4. This policy provides a framework to support Pharmacists (supervisee) to further their clinical knowledge and skills to work towards specialist and advanced practice roles.
- 1.5. This policy provides a framework for clinical supervisors to undertake their supervisory roles.

## 2 Background

- 2.1. Clinical Supervision is defined as “A process of professional support and learning, undertaken through a range of activities, which enables individuals to develop knowledge and competence, assume responsibility for their own practice and enhance service user protection, quality and safety of care”. (NIPEC 2007; adopted by NHSX in Clinical [draft] Supervision - A framework for UK Ambulance Services).
- 2.2. Clinical supervision provides an opportunity for staff to:
  - Reflect on and review their practice.
  - Discuss individual cases in depth.
  - Change or modify their practice and identify training and continuing development needs.
- 2.3. There is strong evidence to show that effective clinical leadership and supervision can improve the quality of care for patients. Clinical supervision also provides opportunity to promote the development of better professional skills and behaviours. It may also improve staff satisfaction, retention rates and clinical governance for organisations.
- 2.4. The role of the Pharmacists in the IUC 111 CAS is relatively new. Pharmacists joining the service come from a variety of backgrounds and can have a vast but differing range of experiences and expertise. Pharmacists require personalised and tailored support to deliver in this role.

- 2.5. Pharmacists require professional support and management from peers and other health care professionals to ensure that they are working safely and confidently within their areas of competence.
- 2.6. Pharmacists need to have the opportunity to identify areas for professional development so that their contribution to the service is an effective and efficient workforce delivering optimum patient care.
- 2.7. Numerous frameworks and tools have been developed over the years to support professional development across the pharmacy profession.

### **3 Purpose**

- 3.1. This document sets out the policy and framework for the development and implementation of **Clinical Supervision for Pharmacists** within the Trust to ensure a consistent but person focused approach by establishing procedural and administrative steps and a framework to work in.
- 3.2. The purpose of clinical supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work. The focus is on supporting staff in their personal and professional development and in reflecting on their practice.

### **4 Scope**

- 4.1. The scope of this document applies to all Pharmacists employed in IUC 111 CAS service. It does not cover staff employed by other private or NHS ambulance services/organisations working on behalf of the Trust under mutually agreed contracts/arrangements.
- 4.2. This policy should not be read in isolation. See the Trust Medicines Policy, CD Policy, Prescribing Policy and associated SOPs, Scope of Practice and Clinical Standards Policy.

### **5 Definitions**

- 5.1. The Supervisor – is an experienced, senior clinician who provides clinical supervision to the pharmacist to ensure that they are a working within their areas of competence in a safe and effective manner.
- 5.2. The Supervisee – is the recipient of clinical supervision from their supervisor.

### **6 How Clinical Supervision Works**

- 6.1. Each Pharmacist / supervisee must have a designated clinical supervisor.
- 6.2. It is a requirement that each Non-medical prescriber (NMP) student or qualified NMP has a designated prescribing practitioner (DPP) mentor

that is a medic or level 3 non-medical prescriber. The clinical supervisor is in addition to that DPP but may also be the same person.

- 6.3. Clinical Supervision has three main functions.
  - 6.3.1. **Normative:** Supervisor provides guidance on standard procedures and best practice.
  - 6.3.2. **Formative:** Supervisor and supervisee / pharmacist identify the pharmacist learning needs, create action plans and reflect on learning after implementation.
  - 6.3.3. **Restorative:** Supervisor supports pharmacist to explore and manage challenges, complexity and other pressure in their role, where pharmacists **may feel overwhelmed**. Signposting to other services may also be needed. This function includes wellbeing; a term that has been used recently, relating to supporting staff to manage complexity and change.
- 6.4. Key elements of clinical supervision include the following:
  - 6.4.1. It is a supportive, constructive, professional relationship requiring a trusting and safe relationship between supervisor and supervisee
  - 6.4.2. It is an active/dynamic process that has clear objectives
  - 6.4.3. It relates to standards, effectiveness and competence as well as development of knowledge, skills and values.
  - 6.4.4. It can incorporate personal, professional and organisational elements.
  - 6.4.5. It is a reflective process.

## **7 What should Clinical Supervision Achieve**

- 7.1. For all Pharmacists, supervision needs to deliver:
  - 7.1.1. An appropriate induction programme to the local service including resources, systems and people
  - 7.1.2. A supportive learning environment which ensures time for individual education is included within service workload
  - 7.1.3. Provision and signposting of appropriate learning resources and opportunities within the clinical service informed by an individual Personal Development Plan (PDP)
  - 7.1.4. Clinical oversight of service delivery in the specific service-learning environment to ensure patient safety and Pharmacist support
  - 7.1.5. Progressively increasing responsibility for patient care within the Pharmacist's role and the services delivered in the IUC environment

- 7.1.6. Regular Pharmacist feedback to the service environment
- 7.1.7. Pastoral care and ensuring equality of opportunity for the Pharmacist.

## 8 Levels of practice

- 8.1. The Trust needs to be able to assure competence of each Pharmacist as part of the governance framework. This document provides support and guidance to facilitate the transition from Beginner to Master.
- 8.2. The phased model approach based on the **NHS 111 / IUC Career Blueprint** is tabulated below:

<p><b>Beginner:</b> The Pharmacist recognises the learning need, but as a novice, requires time whereby they observe others in the role. Seen by the learner as outside their current scope of practice and they need more information and/or an opportunity for observation or simulation</p>
<p><b>Learner</b> The pharmacist undertakes supported practice where supervisors are on hand for guidance. They understand the principles, have analysed information, observed practice and / or experienced simulation.</p>
<p><b>Achiever:</b> Supervised practice: where supervisors are available but only assist if difficulties arise. Pharmacists have performed with supervision and identify the need to continue to practice with supervision.</p>
<p><b>Competent:</b> Independent practice: where competence has been demonstrated. Pharmacists performed safely and effectively and are confident to continue with little or no supervision. They now consider this to be within their scope of practice.</p>
<p><b>Master:</b> Supervisor: taking on a supervisory role and able to act as a role model to support new staff or other colleagues. Pharmacists are confident enough with their performance that they are able teach this skill to others.</p>

- 8.3. It is envisaged that all Pharmacists start as a Beginner. The transition through the levels of practice is a continuum and each Pharmacist will undertake their own journey through the phases based on their previous experiences and development within the role as an IUC Pharmacist based on the NHS IUC /111 Career Blueprint framework amended/ adopted for use in the Trust.
- 8.4. In order to effectively provide support to the Pharmacist, the individual supervisee, in consultation with their clinical supervisor, should identify and document their individual level of practice at the beginning of the process and on an ongoing basis.
- 8.5. It is expected that the decision on the direction and speed of travel to move from Beginner to Master will be a joint one between the supervisee

and the supervisor. It is expected that the Pharmacist will move through all the stages.

- 8.6. The clinical supervisor and supervisee should draw up a Personal Development Plan to address the supervisee's training, learning and development needs to support them in their role and so that they can achieve development goals and appropriate competencies within an agreed timeframe.

## 9 How is Clinical Supervision undertaken?

- 9.1. This will be achieved by undertaking a variety of activities including:

- 9.2. In the initial stages

- 9.2.1. **Observation** – supervisee will be provided with shadowing opportunities in which they will observe how a clinician conducts consultations with patients and in clinical situations. They should record written reflections and keep in their portfolio and/or use them to form the basis of their CPD
- 9.2.2. **Direct supervision** – supervisee carries out the calls/consultations and discusses clinical management and / or referral options with Supervisor. A minimum of one episode of direct supervision is required per year.
- 9.2.3. **Indirect supervision** – other colleagues may have special expertise in a particular area of practice, and it would be appropriate for supervision to be delegated to the colleague. A minimum of one episode of indirect supervision is required per year with either a paramedic, nurse, midwife or doctor.
- 9.2.4. **Peer Assessment** – supervisee will request feedback from peers using the pharmacist peer assessment tool (either paper or electronic). The feedback will be anonymised, but the supervisee is encouraged to obtain verbal feedback when making the request. A minimum of two peer assessments from a variety of professionals is required per year.
- 9.2.5. **Developing practice** - spending some supervision time with a variety of professionals to broaden their perspective on practice.
- 9.2.6. **Networking** – IUC Pharmacists are encouraged to join relevant local and national networks, e.g., specialist networks hosted by UKCPA, or the Pharmacists in Integrated Urgent Care collaboration platform hosted by NHS Futures.

- 9.3. **After the initial stages:**

- 9.3.1. **Independent practice** - supervisee undertakes independent consultations with patients and critically reflects on these episodes with the clinical supervisor at a prearranged time.
- 9.3.2. **Call audit** - recorded calls are reviewed in line with the RCGP Universal Urgent Care Clinical Audit Tool. Every Pharmacist will have one call

audited per every 12 hours worked each month. A maximum of 5 calls per Pharmacist will be audited by the Service Manager each month. Any areas of concern will be referred to the Deputy Chief Pharmacist, who will be able to offer advice and support to both the pharmacist and service manager.

9.4. At any time:

9.4.1. **Discussion:** A debriefing or critical discussion about the clinical events.

9.4.2. **Question and answer** - These may be general communication questions, or related to individual patients, medicines or conditions or on a previously agreed topic.

9.4.3. **Reflections** - Written reflections should include reference to the appropriate evidence bases in the analysis section.

9.4.4. **Peer or patient feedback** - this can be written, or other forms of feedback obtained in the practice setting. The supervisor can take the supervisee through the feedback and helps them reflect on it.

## 10 Roles and Responsibilities of the Clinical Supervisor

10.1. The clinical supervisor will support the supervisee's integration into the IUC role development. They will:

- Be involved with teaching and training the supervisee in the workplace and should help with both professional and personal development
- Work with the supervisee to ensure safe patient care and management of workload
- Provide guidance and feedback in relation to the supervisee's immediate clinical work
- Provide feedback on progress to the Operational and Professional managers as appropriate
- Provide support if the supervisee fails to progress with their role at the expected rate
- Ensure that the supervisee is not required to assume responsibility for clinical, services for which they have insufficient experience and expertise.

10.2. **The role of the clinical supervisor**

10.2.1. Each supervisee will have a named clinical supervisor who will supervise them in the workplace, providing a rapid response to issues as they arise. The clinical supervisor will be appointed by the Trust to:

- Provide regular protected time for in-depth reflection of the supervisee's development and offer feedback
- Ensure the supervisee is integrated within the service,

- Support the supervisee to work within their competence and support their role progression
- Undertake regular discussions, review of cases and feedback
- Provide urgent clinical supervision where necessary (delegating where appropriate) and ensure safe management of workload
- Deliver a safe environment for the supervisee's practice.

### 10.3. **The responsibilities of the clinical supervisor**

#### 10.3.1. Ensuring safe and effective person-centred care through training

- Act to ensure the health, wellbeing and safety of the supervisee at all times.
- Ensure that the supervisee has undertaken appropriate induction.
- Allow the supervisee, when suitably competent, to take responsibility for care appropriate to the needs of patients.

#### 10.3.2. Establishing and maintaining an environment for learning

- Create a learning environment in the workplace to enable positive and constructive feedback to the supervisee from the IUC multi-disciplinary team
- Ensure that the supervisee receives the necessary instruction and protection in situations that might expose them to risk.
- Be open, approachable and available.
- Maintain good interpersonal relationships with the supervisee and other colleagues, delivering honest and timely developmental feedback.
- Supporting the supervisee to develop their own solutions to problems which arise.
- Ensure protected time for supporting the supervisee's learning. This does not need to be onerous and may involve debrief after selected clinical sessions.

#### 10.3.3. Facilitating learning

- Have up-to-date subject knowledge and/or skills.
- Provide direct guidance on work where appropriate.
- Have effective supervisory conversational skills.
- Support the development of self-directed learning.
- Support the role progression of the supervisee so that they practise in accordance with their developing competence.
- Ensure protected time for attendance at, and encourage access to, other appropriate learning opportunities.

#### 10.3.4. Enhancing learning through assessment

- Assess the achievement of required competencies.
- Offer feedback that assists the acquiring of the knowledge, skills and behaviours required to undertake the role.



- 10.4. The time commitment of the clinical supervisor will vary based depend on the needs of the supervisee and the needs of the service but as a minimum they would be expected to:
- Have an initial meeting within two weeks of the supervisee starting to establish a supportive relationship, agree a learning plan in line with the Royal Pharmaceutical Society (RPS) Foundation Pharmacist Framework and ensure the supervisee is being given appropriate induction support
  - Provide regular review both formally and informally to ensure that the supervisee is obtaining the necessary experience
  - Ensure that day-to-day supervision is in place where possible, delegating to the CAS Clinical Navigator (CCN) where appropriate
- 10.5. **A suitable clinical supervisor** should be a registered pharmacist who normally has at least **two** years recent clinical experience for the group of patients / clients in this field of practice. If from a background outside the NHS 111 / IUC environment, they are expected to have experience of triage, or working in out of hours, urgent or emergency care settings, such as an emergency department.
- 10.6. A supervisor must either have **an additional qualification** (e.g. be a GMC registered medical doctor, qualified Advanced Clinical Practitioner) or be an experienced pharmacist in the role with additional qualifications (such as PG Diploma in Pharmacy and/or independent prescribing).
- 10.7. The supervisor must have the support of the employing organisation and preferably have some **experience or training in teaching**, and / or practice supervision.
- 10.8. The supervisor would normally be working with the Pharmacist in practice and be identified in **a role of higher responsibility**.
- 10.9. While the expectation is for the supervisor to work directly with the supervisee, arrangements can be negotiated to **spend time with other suitably qualified pharmacists and other healthcare professionals**, as long as agreed by the supervisor.
- 10.10. The supervisor must be **sufficiently impartial** (see section 14 also).
- 10.11. **Training for clinical supervisors** is available from HEE [Core Skills registration form \(articulate-online.com\)](https://www.articulate-online.com)

## **11 Roles and Responsibilities of the Supervisee**

### **11.1. The responsibilities of the supervisee**

- 11.1.1. The supervisee, as an adult learner, must commit to undertaking their own self-directed learning and take responsibility for their own development which includes:

- Familiarising themselves with the requirements of the role
- Participating in the self-assessment of their learning needs and in the development of their learning and personal development plan
- Accessing the online materials, engaging with activities and discussions as well as pro-actively seeking learning opportunities
- Plan and prepare, using the time allocated by the clinical supervisor and other practitioners to best advantage in working towards identified competencies
- Attending agreed study days, webinars and meetings as appropriate.

- 11.1.2. Supervisees must undertake workplace training, adhere to local policies and regulations ensuring that they familiarise themselves with the competences in the 'NHS 111 Blueprint' framework and record evidence of achievement.
- 11.1.3. Supervisees should respect and be prepared to learn from colleagues at all levels. They are encouraged to request and receive feedback and use it for further development and should provide honest and constructive feedback about the support and clinical supervision provided, offering positive feedback and highlighting any problems encountered.
- 11.1.4. Pharmacists may be required to work towards additional qualifications as appropriate to the role, based on clinical and learning needs. This could include an independent prescribing qualification if not already held.
- 11.1.5. All supervisees must maintain a Portfolio of evidence which demonstrates their education and practice achievements. A well-constructed portfolio should describe their learning journey towards the attainment of professional competence. The Portfolio is used to track their progress and provides evidence of how they meet the learning outcomes, core capabilities and competences.
- 11.1.6. Supervisees are encouraged to ensure the correct professional indemnity insurance is in place in relation to their professional practice and adhere to the GPhC standards for pharmacy professionals at all times.

## **12 Escalating concerns**

- 12.1. Supervisees experiencing difficulties should ask for help and let their supervisor or the Deputy Chief Pharmacist or line manager know if progress in their role is being affected in any way.
- 12.2. If concerns are identified during the course of supervision about a staff member's conduct, competence or physical or mental health, the supervisor may need to disclose information from a supervision session to an appropriate person, such as the staff member's line manager and/or the Deputy Chief Pharmacist.

## **13 Resources and Documentation**

- 13.1. The Royal Pharmaceutical Society ([RPS](#)) [Advanced Pharmacy Framework \(APF\)](#) is a framework for identifying and recognising the stage of practice. This can form the basis of the professional portfolio and may be used alongside other frameworks produced by the Royal Pharmaceutical Society to support pharmacist development. RPS frameworks are based on evidence and developed through a collaborative process with representation and input from all main UK stakeholders, members of the public and the profession.
- 13.2. The [Pharmacist IUC NHS 111 Workforce Blueprint PCR](#) should be used to support the pharmacist supervisee and their clinical supervisor in documenting their development journey from beginner through to master.

## 14 Managing conflicts of interest

- 14.1. Clinical supervision does not seek to replace managerial supervision. The role of the line manager in providing supervision for their staff is an important part of ensuring effective performance is maintained. Clinical supervision is an additional means of support and development to that of line management.
- 14.2. There is a need to maintain objectivity and a trusting relationship between the Clinical Supervisor and Supervisee. Issues relating to Line Management or operational activity, where this may be affecting the development of the supervisee or their professional boundaries, must be able to be discussed openly as part of Clinical Supervision.
- 14.3. It is also important that there is an escalation route from the Clinical Supervisor to the Line Manager so that issues that could negatively impact patient safety are dealt with impartially.
- 14.4. In order to distinguish the role of the Clinical Supervisor from the role of the Line Manager, it is therefore recommended that Clinical Supervisor assigned is not the supervisee's Line Manager also.

## 15 Responsibilities

- 15.1. The **Chief Executive Officer** is accountable for clinical quality of professional services in the Trust
- 15.2. The **Executive Medical Director** has responsibility for the implementation, review, and thus revision where required, of this procedure. Such review and revision(s) will be carried out on behalf of the Medical Director by the **Medicines Governance Group** (see below).
- 15.3. The **Executive Director of Nursing and Quality** has responsibility for matters relating to regulatory compliance, risk management, health and safety relating to this procedure.

- 15.4. The **Executive Director of Operations** is responsible for the operational compliance of this procedure.
- 15.5. The **Medicines Governance Group** will interpret law, regulations, and developments in the national approach to Pharmacist Clinical Supervision and will incorporate changes into this policy on an ongoing basis.
- 15.6. The **Associate Director for Integrated Care (999 & 111)** is responsible for ensuring the full implementation of this procedure across the 111 IUC CAS.
- 15.7. The **Chief Pharmacist** is the professional medicines governance lead for the Trust and is responsible for producing robust systems and processes which comply fully with legislation, national guidance, and regulatory requirements to ensure the safe and effective Clinical Supervision of Pharmacists in the Trust.
- 15.8. The **Deputy Chief Pharmacist** is responsible for ensuring the full clinical implementation of this policy across the 111 IUC CAS. They will act as the main clinical supervisor for the 111 IUC CAS pharmacist(s) unless individual responsibility is delegated to a member of their staff.
- 15.9. The **CAS Clinical Navigator (CCN)** is responsible for the day-to-day clinical management of this procedure within the 111 IUC CAS and act as the line managers for the 111 IUC CAS pharmacists. They must ensure this procedure is effectively adopted to facilitate the appropriate deployment and utilisation of clinical resources and staff. They must also ensure that clinical patient demand and needs are met efficiently and effectively, and the highest clinical performance and standards are achieved and sustained.
- 15.10. The **111 IUC CAS Pharmacists** as the supervisees, must ensure they are familiar with the content and implementation of this procedure and their responsibilities contained within.
- 15.11. The **Incident Reporting Group** is responsible for the ongoing effectiveness of this policy.


## **16 Audit and Review (evaluating effectiveness)**

- 16.1. The Medicines Management Group will audit the effectiveness of this policy at regular intervals, and initially six months after it has been approved and disseminated.
- 16.2. Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).
- 16.3. This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the policy is not working effectively.

- 16.4. All changes made to this policy will go through the governance route for development and approval as set out in the Policy on Policies.

## 17 References

1	NIPEC (2007) <a href="#">Nursing Supervision   NIPEC (hscni.net)</a> (adopted by NHSX in Clinical [draft 2021] Supervision - A framework for UK Ambulance Services) [Accessed 21 <sup>st</sup> June 2021]
2	Supporting information and guidance: Supporting effective clinical supervision. [Accessed 21 <sup>st</sup> June 2021] <a href="https://webarchive.nationalarchives.gov.uk/20140712051931/http://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_in_formation-effective_clinical_supervision_for_publication.pdf">https://webarchive.nationalarchives.gov.uk/20140712051931/http://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_in_formation-effective_clinical_supervision_for_publication.pdf</a>
4.	Health Education England and NHS England (2018) <b>Integrated Urgent Care/ NHS 111 Workforce Blueprint</b> (Career Framework and Competency Based Job Descriptions) [Accessed 21 <sup>st</sup> June 2021] <a href="https://www.england.nhs.uk/urgent-emergency-care/nhs-111/integrated-urgent-care-nhs-111-workforce-blueprint/">https://www.england.nhs.uk/urgent-emergency-care/nhs-111/integrated-urgent-care-nhs-111-workforce-blueprint/</a>
5.	Originally NCAT UK cited in: HEE - Enhancing Supervision for Postgraduate Doctors in Training [Accessed 21 <sup>st</sup> June 2021] <a href="https://www.hee.nhs.uk/sites/default/files/documents/SupervisionReport_%20FINAL1.pdf">https://www.hee.nhs.uk/sites/default/files/documents/SupervisionReport_%20FINAL1.pdf</a>
6.	The Royal Pharmaceutical Society (RPS) (2016) <i>Roadmap to advanced practice</i> . [Accessed 21 <sup>st</sup> June 2021] <a href="the-rps-roadmap-to-advanced-practice.pdf">the-rps-roadmap-to-advanced-practice.pdf</a> (rpharms.com)
7.	RPS frameworks and tools to support professional development. [Accessed 21 <sup>st</sup> June 2021] <a href="#">Frameworks</a> (rpharms.com)
8.	Health Education England. Multi-professional framework for advanced clinical practice in England. Publication date: 2017. [Accessed 21 <sup>st</sup> June 2021] <a href="https://www.hee.nhs.uk/our-work/advanced-clinical-practice">https://www.hee.nhs.uk/our-work/advanced-clinical-practice</a>
9.	NHS England (2017) Integrated Urgent Care Delivery Team (2017) <i>Integrated Urgent Care Service Specification</i> NHS England. [Accessed 21 <sup>st</sup> June 2021] <a href="#">Integrated-Urgent-Care-Service-Specification.pdf</a> (england.nhs.uk)
10.	Clinical Supervision - A framework for UK Ambulance Services. NHSX. In draft June 2021 (embedded as no live link / not published yet). [Accessed 21 <sup>st</sup> June 2021]

	 <p>Draft Clinical Supervision Frameworko</p>
11.	<p>Peer support and mentoring for registered pharmacy professionals. Nina Barnett, Specialist Pharmacy Services, Dec 2020. [Accessed 21<sup>st</sup> June 2021]  <u>Peer support and mentoring for registered pharmacy professionals – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice</u></p>

## 18 Financial Checkpoint

- 18.1. To ensure that any financial implications of changes in policy or procedure are considered in advance of document approval, document authors are required to seek approval from the Finance Team before submitting their document for final approval.
- 18.2. This document has been confirmed by Finance to have no unbudgeted financial implications.

## 19 Equality Analysis

- 19.1. The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.
- 19.2. Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature then for the duration of the contract, the contractor or supplier would itself be considered a public authority and have the duty to comply with the equalities duties when carrying out those functions.