



Clinical Governance

Position Responsible: Medical Director

Issue Date : May 2019

Review Date: May 2021

Related Documents

Magpas Clinical Governance Policy
 Risk Management Policy
 Significant Event Reporting and Investigation Policy
 Information Governance manual

1.0 Clinical Governance Framework

- 1.1 Clinical governance in Magpas means one thing: corporate responsibility for clinical quality and safety. Magpas takes full responsibility for the clinical activity of its clinicians and, in turn, expects them to support the Magpas governance arrangements. This SOP concerns the practical application of the Magpas Clinical Governance Policy.
- 1.2 The Magpas Clinical Governance Policy describes the organisational arrangements for Clinical Governance and the mechanisms by which governance is managed. The Clinical Governance Framework comprises a number of areas of structured and managed activity.
- i Service user involvement;
 - ii Risk management;
 - iii Management of staff and clinicians;
 - iv Learning, training and personal and professional development;
 - v Clinical effectiveness;
 - vi Clinical audit;
 - vii Clinical information

Each component of the framework requires Magpas staff and/or clinicians to undertake specific actions as described in this SOP. If there is any doubt about what may be required, consult with the Head of Operations or Clinical Directorate.

2.0 Service user involvement

- 2.1 Service user involvement is about how patients, the public and partner organisations have a say in the organisation and delivery of Magpas services and can influence the way that services are provided. Magpas clinicians should be able to direct patients, carers, relatives and any other parties to sources of information about the charity and the service it provides, including the website (www.magpas.org.uk), and administrative office address, email and telephone number.
- 2.2 Every incident a Magpas clinician attends is an opportunity to engage patients, the public and other service users such as the Ambulance Service and the Emergency Departments. To this end, clinicians should:

- 2.2.1 Actively encourage patient and public comment and distribute Magpas Patient Guide leaflets widely – these provide a mechanism for individuals to feedback to the service (appendix 1). Provision of written information to patients, carers, relatives and other appropriate persons about Magpas and the services that it provides is an essential part of service user involvement.
- 2.2.2 Encourage feedback from colleagues involved in the care of patients with the team by facilitating debriefs where possible and handing out feedback cards giving details of online methods of feedback.
- 2.2.3 The Governance Officer will facilitate patient follow up and feedback, and this will be distributed to those involved in the care of the patient. Team members should be aware of the methods available to patients for immediate feedback including iwantgreatcare.org
- 2.2.4 Understand the Magpas complaints policies and procedures and ensure any person wishing to make a complaint is directed appropriately.

3.0 Risk Management

- 3.1 Provision of emergency care in the pre-hospital environment is inherently high risk. Risk management means having systems to understand, monitor and minimise risks to service users and clinicians and to learn from mistakes. To assist with risk management, all Magpas staff and clinicians should maintain familiarity with the Magpas Risk Management Policy, risk assessments and all clinical SOPs and procedures
- 3.2 All Magpas clinicians have a responsibility to practice safely, reduce error and promote risk awareness. The organisation will support this in the interests of patient and clinician safety.

4.0 Management of staff and clinicians

- 4.1 The effective recruitment, management and development of Magpas clinicians and seconded staff are central to the delivery of Magpas services. Magpas maintains a range of human resources policies tailored to the needs of the clinician. All clinicians should be familiar with these.
- 4.2 Magpas provides mechanisms for clinicians to feed back their views and comment on any aspects of their personnel management within the wider charity organisation. In addition, the Magpas Grievance Policy makes provision for clinicians and staff to be able to raise issues or concerns they may have. All clinicians and staff are encouraged to make the most of these opportunities.
- 4.3 The Magpas management team (Director of Operations and Clinical Directorate) are central to the effective management of Magpas clinicians. Staff and clinicians should consider the management team to be their first point of contact for information, assistance, support, problems or grievances.

5.0 Learning, training and personal and professional development

- 5.1 Magpas strives to provide the highest quality training and learning within an environment that is supportive and developmental. We encourage and support continuous learning.

- 5.2 All new candidate team members will undergo the Magpas/East of England Training Course following the requirements of the curriculum for Pre-hospital Emergency Medicine. Successful completion of the Initial Assessment of Operational Competence is required before progression to operating with the Magpas Air Ambulance duty team.
- 5.3 The Magpas currency arrangements (SOP 1.3 Team Scheduling and Currency) and the Pre-Hospital Forum meetings provide the principle opportunity for on-going learning and revision for Magpas clinicians. In addition, the following learning, training and professional development resources and opportunities are maintained:
- Magpas Clinical Library - a comprehensive emergency medicine and pre-hospital care library is maintained at the Operating Base.
 - On-line Resources - all Magpas clinicians have access to on-line journals (Emergency Medicine Journal, Resuscitation and Pre-hospital Emergency Care) as well as the wider on-line resources available for NHS personnel. Magpas has online platforms available to all clinicians which have extensive information on all aspects of operations and clinical practice, and links to other appropriate web-based resources.
 - All Magpas members are supported in their learning and preparation for the Diploma and Fellowship in Immediate Medical Care of the Royal College of Surgeons of Edinburgh.
- 5.4 All Magpas staff and clinicians are encouraged to take part in other governance activities which enhance personal learning, training and professional development. These include Clinical Effectiveness and Clinical Audit/Quality Improvement activities detailed below.
- 5.5 Magpas conducts a regular Training Needs Analyses to assess whether or not its training programme for clinicians is fit for purpose. This involves a survey of all relevant personnel to ascertain, based on their operational experience, the extent to which their training fulfils their needs.
- 5.6 Magpas aims to identify an educational supervisor or mentor for all team members to assist in the clinician's development.

6.0 Clinical Effectiveness

- 6.1 Clinical effectiveness reflects the degree to which Magpas, as an organisation, makes sure 'best practice' is used across the spectrum of our clinical services. Wherever possible, this practice is based on the best available evidence. We maintain clinical effectiveness by:
- Basing our operational policies and procedures on the best available evidence.
 - Having a clear structure for the development, dissemination and review of documents that guide practice (see appendix 3).
 - Incorporating recommendations from the Faculty of Pre-hospital Care, AACE, the National Institute for Health and Clinical Excellence (NICE), relevant National Service Frameworks and relevant guidance from specialist societies or professional bodies
 - Consulting with specialist practitioners in our receiving hospitals
 - Consulting with our pre-hospital partners and other emergency services
 - Maintaining a clinical audit programme
 - Maintaining an effective Research and Development programme

- Employing Medical Directors with strong clinical and leadership skills who have responsibility to ensure best practice is maintained.

6.2 The Magpas Standard Operating Procedures (SOPs) are the organisation's statement of best clinical practice expected of clinicians operating with the Magpas team. Team members must be familiar with all SOPs and practice according to them.

7.0 Clinical Audit and Quality Improvement

7.1 Clinical audit seeks to measure the quality of patient care against agreed explicit standards. Magpas has a clinical audit programme which incorporates:

7.1.1 Continuous (rolling) audit of high risk, high cost and safety critical activity:

- i. Pre-hospital analgesia
- ii. Pre-hospital procedural sedation
- iii. Pre-hospital emergency anaesthetics
- iv. Pre-hospital deaths
- v. Cardiac arrest management
- vi. Helicopter operations (HEMS and CASEVAC in all aircraft types)
- vii. Medicines Management
- viii. Documentation

7.1.2 Activation and call-out of Magpas resources (including stand downs)

7.1.3 Audits related to significant events (arising from Significant Event Reports, Complaints and Pre-hospital Forum Cases).

7.2 In addition, focused audit activity may be undertaken related to national and local priorities where these are relevant to Magpas operational and clinical activity. All staff and clinicians are expected to contribute to Magpas Clinical Audit activity by accurately completing any clinical or operational documentation (as stipulated in SOPs) and any additional audit proformas.

8.0 Clinical Information

8.1 Magpas clinicians document all interactions with patients. This information remains strictly confidential and all clinical documentation is handled in accordance with NHS Information Governance principles. Team members are not permitted to retain patient identifiable information unless approved by the Medical Director or Caldicott Guardian.

8.2 Magpas has developed robust inter-agency information sharing arrangements to allow it to conduct detailed audit and research across the spectrum of its clinical activities. These arrangements mean Magpas shares clinical information with other healthcare and emergency services agencies. This allows for an unprecedented degree of access for follow-up and clinical audit. In order to maintain these arrangements, all clinicians must comply fully with procedures related to documentation and record keeping and be familiar with the Magpas Information Governance Manual.

8.3 Magpas employs a Clinical Governance Officer to advise clinicians and oversee handling of patient information.

9.0 Summary

- 9.1 Effective clinical governance arrangements ensure high quality services for patients. Although Magpas as an organisation is ultimately responsible for clinical quality, each individual clinician has a responsibility to support and contribute to the Magpas Clinical Governance Framework.

Magpas Patient Guide

Daryl Brown
Chief Executive Officer
 CQC Registered Manager
 Tel: 01480 371060
 Web: www.magpas.org.uk
 Email: info@magpas.org.uk

Magpas Air Ambulance,
 Centenary House, St Mary's Street,
 Huntingdon, Cambridgeshire PE29 3PE
 Registered Charity No: 1119279



Magpas are registered with the Care Quality Commission
 Registration no: 1-1360772163

The CQC can be contacted at:
 CQC National Customer Service Centre
 Citygate
 Gallowgate
 Newcastle upon Tyne NE1 4PA
 T: 03000 616161



Here for you 24/7



MAGPAS AIR AMBULANCE

What is Magpas Air Ambulance?
PATIENT GUIDE
 Here for you 24/7

What is Magpas Air Ambulance?

Magpas Air Ambulance is a charity which brings essential lifesaving care, by land and air, to patients in life-threatening emergencies in the East of England and beyond 24/7.

The Magpas Air Ambulance team is made up of senior, experienced doctors and paramedics who are trained and equipped to provide hospital A&E level treatment at the scenes of serious medical incidents and injuries e.g. road traffic collisions. We use special rapid response cars and the Magpas Air Ambulance to get to patients fast.

What are our aims?

- **Our vision** To deliver by land or air the best 24/7 pre-hospital emergency medical service to our patients. To use our expertise to promote excellence in the provision, delivery and development of Pre-Hospital Emergency Medical care across the United Kingdom.
- **Our values** Caring, pioneering and dedicated to patients' needs.

What experience do we have?

The oldest emergency medical charity of its kind in the UK, Magpas Air Ambulance started life as a voluntary service in 1971 when two GPs, Dr Neville Silverstone MBE and Dr Derek Cracknell MBE, took action to help victims of road accidents. Since 1971 we've treated over 60,000 patients.

As it was founded by two doctors, the charity has a strong clinical heritage. Today, it offers pioneering training to doctors and paramedics wishing to specialise in pre-hospital emergency medicine, for which it is renowned in the medical world.

The Magpas medical team receives enhanced training which allows them to support the ambulance service by offering procedures and treatments at the scene which are usually only available in hospital. This means that the frontline care the team delivers doesn't just save lives, it helps seriously ill and injured people return to a good quality of life.

Why do we need Magpas Air Ambulance?

At the scene of serious medical incidents, we provide treatment that is over and above that offered by the conventional NHS Ambulance Service. Magpas' patients benefit from advanced rapid, high quality treatment at the scene aiming to reduce death and disability.

How much does it cost?

Our service is free to all patients. The cost of running the service, however, is approximately £5 million per year. The charity is reliant on donations from the general public, local groups and businesses to continue saving lives.

Do we have a privacy policy?

Absolutely. Our strict guidelines ensure patients' private details remain confidential at all times. This is available upon request.

What is the structure of Magpas Air Ambulance?

The patient often only gets to see the frontline services but there is plenty going on behind the scenes! The charity is run by a committee of Trustees.

The Clinical Governance Committee ensures high quality, safe,

patient-centred care is maintained and continuously improved upon.

A small team manage the clinical service on a day to day basis, supported by a strong clinical directorate.

Where do I send comments, suggestions and complaints?

Magpas Air Ambulance always welcomes feedback from patients. iWantGreatCare.org makes it simple and safe for you to provide ratings and reviews of your patient experience with Magpas Air Ambulance and know that it will make a difference. Please visit: iwantgreatcare.org

If you would like to review the care you've received, or if you have any comments or suggestions about this guide or any other aspect of Magpas Air Ambulance, we'd be happy to help. Whilst complaints are rare we have procedures in place if problems do occur. Please contact us at the address on the back cover of this guide.

Where are we?

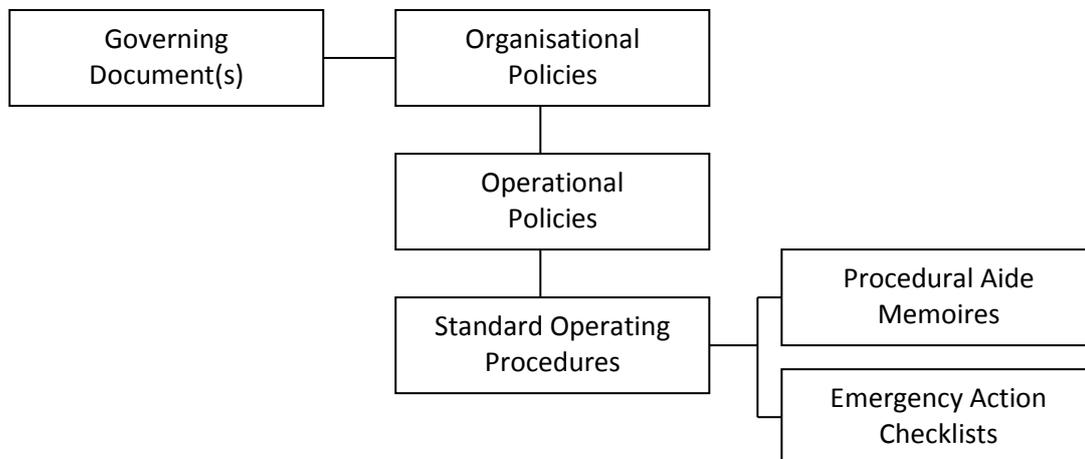
The Magpas clinical team is based at a dedicated Operations Base in Cambridgeshire, where we respond to medical emergencies in up to 12 counties.



Appendix 2 to SOP 1.1 Clinical Governance

Documents that Guide Practice (DTGP)

Magpas operations are governed by a series of documents. This appendix explains the terminology associated with these documents and the mechanism by which they are managed.



Governing Document

The constitution is the principle governing document for the charity. It defines the philosophy of Magpas, its purpose, what it does and how it is governed. The constitution empowers the Trustees to provide for and manage the service. Amendments to the constitution may only be authorised by the Charities Commission in consultation with the Trustees.

Organisational Policies

These are the documents which define how Magpas operates and reflect its values and views as well as any legal, ethical, NHS or Charity Commission requirements. These include policies related to Human Resources, Financial Management and Clinical Governance. A policy is an overall guide, which sets the boundaries within which action will take place, and should reflect the philosophy of the organisation. Policies are general, yet comprehensive.

Standard Operating Procedures (SOPs)

A procedure is a series of related steps designed to accomplish a specific task in a specified chronological order. Safety critical and essential operational activities within Magpas are 'proceduralised' in order to ensure uniform practice and quality. SOPs are written in step-by-step detail, so as to require only minimal interpretation. Violation of SOPs is, by definition, an adverse incident.

Procedural Aide Memoire (PAM)

A procedural aide memoire is a short form of an essential or critical clinical or operational procedure which is intended to aide rapid recall. It assumes prior knowledge of the relevant underpinning policies and procedures and is intended to be very easy to refer to in an operational setting. Although they should focus on those procedures which are uncommon, the most common example of a PAM is a cardiac arrest resuscitation algorithm.

Emergency Action Checklist (EAC)

Emergency Action Checklists are intended to provide an emergency reference for the rapid and safe management of immediately life threatening complications of treatment or interventions. They are intended to be easy to read and assist in problem solving by providing action points and clear direction. Examples include ventilator alarms and sudden physiological deterioration during anaesthesia.

Management of Documents that Guide Practice

The following process is applied to all Documents that Guide Practice (DtGP) within Magpas:

Existing DtGP

1. Need for review of DtGP identified by relevant Manager or Clinical Directorate because of significant event, change in policy, operational imperative, external regulatory requirement, regular review date due within 2 months etc.
2. DtGP to be reviewed are listed for action at Clinical Governance Committee (CGC) or at the Executive Leadership Team (ELT).
3. CGC or ELT commissions renewal from within CGC/ELT or from named individuals, subgroups or project groups as necessary.
4. CGC/ELT informs Executive, membership and relevant external agencies of any DtGP under review and of any significant predicted changes.
5. DtGP returns to CGC/ELT for approval (including setting new renewal date).
6. CGC/ELT identify any consequential impact of changes and manage implementation.
7. Register of DtGP updated.
8. CGC/ELT informs Trustees, membership and relevant external agencies of renewal and key changes.

New DtGP

1. Need for new DtGP identified from significant event, change in policy, operational imperative, external regulatory requirement etc.
2. Manager commissions new DtGP from named individuals, subgroups or project groups as necessary.
3. Manager informs CGC, ELT, membership and relevant external agencies of work in progress.
4. DtGP returns to either CGC or ELT for approval.
5. CGC or ELT identify any consequential impact of changes and manage implementation.
6. Register of DtGP entry created.
7. CGC or ELT informs Trustees, membership and relevant external agencies of new DtGP and circulates appropriately.