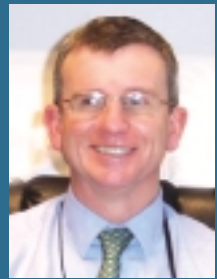


Goodbye to Peter Stonebridge



Peter Stonebridge, who has been Chairman of the Management Committee for the past six years, is demitting office at the end of 2005. Peter, who is Professor of Vascular Surgery at Dundee University, took over as Chairman during a period of reorganisation of SASM and has been responsible for developing it into the internationally recognised audit it is today. Key changes in the development of the audit have been developing the quality assurance process, making the audit more democratic and accountable and piloting individual and team annual reports.

On a personal level, Peter has been responsible for compiling and writing the Annual Reports and facing the media at the Annual Report News Conferences. In the past year, he has been instrumental in organising and co-ordinating the audit's response to requests for release of information under the Freedom of Information Act and introducing the concept of Qualified Confidentiality.

Peter's experience, eloquence and ambitions for the Audit have been very much appreciated by members of the Board, Management Committee, Liaison Group, staff and participants and we fully expect him to continue to contribute in his own inimitable way.

Freedom of Information Act

It has been clear that there are tensions within the audit as a result of the Freedom of Information Act. Discussions are taking place at several levels to try to establish the principles and boundaries of the application of the legislation to the data kept by the audit. A discussion paper has been prepared which is displayed on the website at www.sasm.org.uk/About/QC_v7.doc which introduces the concept of qualified confidentiality as a way of maintaining patient safety and meeting the aspirations of the Freedom of Information Act. Support for this document is being sought from the Colleges, Specialist Associations and the GMC. Comments on this draft are very welcome and should be sent to Peter Stonebridge at Ninewells Hospital (p.a.stonebridge@dundee.ac.uk) or Colin Howie at Edinburgh Royal Infirmary.

(colin.howie@luht.scot.nhs.uk).

And Farewell to Wendy Ritchie

Wendy Ritchie has decided to take early retirement in January 2006, after 13 years of working on SASM. She took up post in August 1992, when she worked for the Scottish Mortality Study, which eventually combined with the Glasgow Audit of Surgical Deaths in 1994 to become SASM as we know it today. Wendy has been a loyal, hard-working and dedicated member of the SASM team, whose skills and expertise have been of great benefit to the Audit. Participants, staff and committee members associated with SASM would all like to join in thanking her for her years of service and wishing her a long and happy retirement.

TEAM REPORTS

As a result of uncertainties about the implications of the Freedom of Information Act the production of Individual Annual Reports is on hold until the problems are resolved. For some individuals, who work in teams, an individual report is less useful. Providing the teams are of sufficient size to prevent any single individual being identified team-based reports would not have the same implications for release of data using the Freedom of Information Act. If you work as part of a clearly identified team, it would be possible to produce a team-based annual report, similar in format to the individual annual report which was circulated at the end of 2004. All members of the team must agree to sharing their data and interested groups should contact Helen Burton at the SASM office in Glasgow in the first instance (helen.burton@isd.csa.scot.nhs.uk).



New Developments at SASM

This newsletter is double the usual size because of the considerable changes occurring within SASM. Peter Stonebridge, the Chairman of the Management Committee over the past six years is demitting office at the end of 2005. An appreciation of Peter's immense contribution to the audit is overleaf. Nick Pace, a Consultant Anaesthetist at the Western Infirmary, Glasgow has been appointed as the new chairman and has been working in tandem with Peter over the next few months to smooth the transition period.

SASM needs to adapt to the changing medico-political environment while at the same time it must reflect and assess current practice. It is however difficult to predict exactly what direction SASM ought to be taking because of uncertainties raised by the Freedom of Information Act, although recent informal reports suggest that this may not be quite as problematic as first predicted.

It is clear that consultants are increasingly working as teams, especially with respect to emergency work and supervision of trainee staff. Therefore we will be open to a greater emphasis on team performance and analysis of local processes. In particular we will encourage the establishment of local co-ordinators to facilitate the audit process and to arrange local morbidity meetings in conjunction with other specialties where these do not yet occur.

Nick Pace

Nick has contributed a few paragraphs on his initial thoughts on the future direction of SASM below. Alastair Thompson has demitted office as the East of Scotland Surgical Co-ordinator to take up a new post as Deputy Chairman of the Management Committee and will be putting forward his ideas in the next issue of the newsletter. And last, but not least, Angus Smith (Consultant Surgeon from Stirling) has taken over as East of Scotland Surgical Co-ordinator from Alastair.

Other initiatives include further development of the website, including its use for data collection and review of treatment in the ITU/HDU in co-operation with the Scottish Intensive Care Society.

The small number of consultants who currently do not participate in the audit are a concern and there will, in the future, be continuing efforts to encourage their involvement. In particular, if any of them have concerns about how the audit is run, or wish clarification on certain issues, I will always be available to discuss any issues. I can be contacted through the SASM office in Glasgow.

SASM will not exist without the work and effort of the participants and the assessors and it is essential that the audit reflects their input.

SASM IS MOVING



The Glasgow office of SASM is moving from its present location at the Royal College of Physicians and Surgeons in St Vincent Street to the new Cirrus building at Glasgow Airport Business Park located, unsurprisingly, beside Glasgow Airport.

The Audit continues to be supported by all the colleges in Scotland but due to developments at the St Vincent Street site, it was decided to take the opportunity to move to more adequate accommodation. The move will take place on 9 December 2005 and the new contact address is 2nd floor, Cirrus, Marchburn Drive, Abbotsinch, Paisley, PA3 2SJ (Tel No 0141 282 2280). Meetings of the Board and the Management Committee will continue to be held at the St Vincent Street site.

Consequent on all these changes there is an opportunity to restructure and redefine the duties of the supporting administrative staff and details of this will be outlined in future newsletters.

Annual Report

If all has gone well you will have received a copy of the Annual Report with this newsletter. The Annual Report is due to be published on 2nd December 2005 based on the data collected in 2004. As usual embargoed copies will be sent to Health Boards and all participants a few days before publication. The format this year is very different. In the spirit of openness and accessibility to patients and the public as described in the Qualified Confidentiality document, the text has been directed at the lay person and aims to inform them of key changes in practice over the years. The format is that of questions and answers with key points relating to hospital acquired infection, palliative and terminal care in patients without cancer and consultant participation in the audit.

For those who would like to see the data, figures and tables which have traditionally been part of the Annual Report these will be available after 2nd December on the SASM website at www.sasm.org.uk.

SASM Board

The SASM Board is the top layer of management with responsibility for strategic planning and policy. The present chairman is Professor Graham Teasdale, who took over as chair in 2003. The chairmanship rotates between the surgical president of the Royal College of Physicians and Surgeons of Glasgow and the President of the Royal College of Surgeons of Edinburgh on a 3 yearly basis. Other members of the Board include Professor Neil Douglas, President of the Royal College of Physicians of Edinburgh, Professor Tony Wildsmith representing the Scottish Board of the Royal College of Anaesthetists, Dr David Farquharson from the Royal College of Gynaecologists and Susan Watt representing the Royal College of Nursing. Representatives from the Management Committee also sit on the Board and include the Chairman, presently Peter Stonebridge, but shortly to become Nick Pace, one of the anaesthetic co-ordinators and one of

the surgical co-ordinators. Mr David Smith attends as the Chairman of the Liaison Group and Mrs Elizabeth McDonald, Policy Manager of the Scottish Consumer Council and Rev John Smith are lay members. Graham Mitchell, Head of ISD Clinical Governance Programme attends as a representative from NHS in Scotland, Helen Burton as the SASM National Co-ordinator and Chris Hargraves representing NCEPOD.

The Board and the Management Committee recently had their first combined meeting to discuss SASM strategy over the next few years. Issues which were discussed and will feature in future newsletters include the future scope, focus and output of the audit, potential liaisons and expansions and development of the process of data capturing and management. Any views on how you feel the audit should be developed will be warmly welcomed.

ASSESSORS' MEETING

Another successful assessors' meeting was held in Stirling at the beginning of September, attended by both first and second line assessors. This annual meeting was organised yet again by Charles Wallis, the East of Scotland Anaesthetic Co-ordinator and featured presentations of the methodology of SASM, which cases merit case note reviews, how to do case note reviews, the impact of the Freedom of Information Act and views and opinions from both Peter Stonebridge as the demitting Chairman of the Management Committee and Nick Pace, the new Chairman.

These meetings provide a useful forum for assessors to discuss the

various points of view which may contribute to the assessment of any one case and provides guidance particularly to those who are new to first and second line assessment. It is intended to stage a similar meeting next autumn, again inviting present assessors and new assessors who will be invited to join next year.

SASM has written to Medical Directors across Scotland giving them lists of the doctors in their area who are participating as first or second line assessors and emphasising the contribution of these individuals to the Audit and the medical community in Scotland.

FREQUENTLY ASKED QUESTIONS

If I don't agree with an assessment what can I do?

You can write a letter outlining the areas of contention. Your letter is forwarded to the appropriate co-ordinator who reviews your letter, the areas of contention, the completed forms from the surgeon and anaesthetist and the completed first line surgical and anaesthetic assessors' forms. Often the problem has been lack of information in the initial forms and a reassessment in the light of new information leads to a change in coding.

Occasionally the forms may be sent back for recompletion and are sent to a new first line assessor for reassessment. If agreement cannot be reached between the clinician and the co-ordinator, the notes are sent for case note review. All copies of the correspondence are attached to the case and would be sent to the participant clinicians as part of their individual annual report when that becomes available.

There are a number of outstanding issues which have not been resolved but which have been discussed at the Management Committee as a result of participating clinicians raising these questions.

SASM and SICSAG

As announced in the last newsletter and mentioned in the Annual Report, discussions have been taking place between the Anaesthetic Co-ordinators of SASM and representatives from the Scottish Intensive Care Society Audit Group to capture data relating to the care of surgical patients who die and who were admitted to Intensive Care Units. Although there is an extensive audit process ongoing within all intensive care units in Scotland, some modification of the data bases will be needed before the data can be transferred to the SASM process. Therefore the audit will be piloted in four intensive care units from January 2006, with roll-out to all 26 intensive care units in Scotland by January 2007. The four pilot sites are Glasgow Royal Infirmary and the Western Infirmary in Glasgow and Edinburgh Royal Infirmary and the Western General in Edinburgh.

From January 2006 surgeons working in these sites will be sent three forms for completion. They should complete the surgical form as usual. If the patient had an operation, they should send the anaesthetic form and notes to the anaesthetist responsible. If the patient did not have an operation or anaesthetic but was admitted to an Intensive Care Unit during their final admission, the intensive care form should be sent with the notes to the Intensive Care Unit.

If the patient had an anaesthetic and was admitted to intensive care during their final admission, once the anaesthetist has completed the anaesthetic form, they should forward the intensive care form with the notes to the Intensive Care Unit. A flow chart

detailing the process is available on the SASM website.

All Intensive Care Units will have to address the problem of identifying one of the intensivists to complete the intensive care form. The form is very short but does require print out of data from the Ward Watcher system and local databases will have to be reconfigured by SICSAG before the unit can participate.

Letters have been sent to first and second line anaesthetic assessors, who have intensive care experience, to ask if they are willing to assess the intensive care stay in addition to the conduct of the anaesthetic.

Following the pilot project, forms and data may be modified. There will be opportunities for the pilot sites to feedback to members of the Scottish Intensive Care Society and SASM to inform this process. There will also be a specific session for those assessing the intensive care forms to make comments at the Assessors meeting in Stirling in Autumn 2006.

Although clearly a complex process, it is an exciting development for both audit groups, examining part of the pathway of care of a significant proportion of patients who die.