



Restructuring SASM

Day to day activity of the audit is overseen by the Management Committee of SASM. In the past this has comprised the Chairman, the Vice Chairman, the general surgical, vascular, orthopaedic and anaesthetic co-ordinators, the chair of the Liaison Group, Head of Programme from ISD, the administrative leads for the Audit and representation from trainees. The strategic view for SASM is the responsibility of the SASM Board which

has representation from the various specialty colleges and associations, representation from NCEPOD and lay members as well as several members of the Management Committee. As there was considerable overlap in the structure of the committees and most meetings covered similar topics, it was decided to streamline the structures at the end of last year. The Management Committee meets about 10 times per year. On 4 of

these occasions the meeting will be joint between the Board and the Management Committee. For the remaining meetings, SASM specialty representatives, who formerly met separately as the Liaison Group, will be invited to join the management committee to provide specialist input from some of the smaller specialties.

Heather Hosie
West of Scotland Anaesthetic
Coordinator

New anaesthetic specialty representative

Alastair Michie from Ayrshire who is a member of the Scottish Standing Committee of the Association of Anaesthetists of Great Britain and Ireland has replaced Harry McFarlane as SASM anaesthetic representative to give advice to and provide a route of communication between the SSC and SASM. SASM has specialty representatives from anaesthesia and all surgical specialties working in Scotland. Additionally it can call upon representatives of the Staff and Associate Specialists Committee, the British Orthopaedic Trainees Association, The Group of Anaesthetists in Training and the Association of Surgeons in Training for advice or involvement. The present SASM Specialist Representatives are:

General Surgery	Mr John Duncan	(john.duncan3@nhs.net)
Orthopaedics	Mr Graeme Foubister	(graeme.foubister@nhs.net)
Urology	Mr Les Moffat	(lmoffat@aol.com)
Plastic Surgery	Mr Alex Munnoch	(alex.munnoch@nhs.net)
Paediatric Surgery	Mr Fraser Munro	(fraser.munro@nhs.net)
Oral and Maxillofacial	Mr John Devine	(john.devine@ggc.scot.nhs.uk)
Cardiothoracic Surgery	Mr Vipin Zamvar	(zamvarv@hotmail.com)
Neurosurgery	Mr Bill Taylor	(brenda.bryden@ggc.scot.nhs.uk)
Anaesthetics	Dr Alastair Michie	(alistair.michie@aaaht.scot.nhs.uk)
SASC	Mr Syed Kazmi	(syed.kazmi@nhs.net)
BOTA	Mr Alastair Murray	(alastair.murray@luht.scot.nhs.uk)
GAT	Dr Adam Paul	(adam.m.paul@gmail.com)
ASIT	Mr Paul Glen	(paul.glen@ntlworld.com)

Heather Hosie
West of Scotland Anaesthetic Coordinator

Hospital and Health Board reports

Participants are reminded that SASM produces Annual reports for each hospital and each Health Board which can be accessed via the new SASM website at www.sasm.org.uk. The data within may be useful

for local dissemination via morbidity and mortality meetings.

Heather Hosie
West of Scotland
Anaesthetic Coordinator

nhs.net email addresses

From 25th June 2009 all SASM staff will migrate to NHS mail. The contact details of all staff have been updated on the SASM website (www.sasm.org.uk). SASM also have a new generic mailbox on NHS mail which is: nss.isdSASM@nhs.net.

Call for new Co-ordinators for general surgery and anaesthesia

The Management Committee of SASM will be seeking new co-ordinators in general surgery and anaesthesia to take up the posts at the end of 2009. For the first time, the appointments will be based on interview rather than ballot, as it has been perceived that ballots may disadvantage candidates from smaller hospitals and Health Boards.

Candidates should be consultants either in general surgery or anaesthesia currently working in Greater Glasgow and Clyde, Ayrshire and Arran, Lanarkshire, Dumfries and Galloway and Forth Valley Health Boards. They should have been either first or second line assessors and have attended an assessors meeting in the past. They will be expected to attend 70% of the Management Committee meetings (currently about 10 meetings per year) usually held in either Edinburgh or Glasgow. They will also be expected to attend and contribute to the assessors meetings held twice a year. Because of these commitments, it is important for

prospective candidates to have discussed their application with their clinical leads to ensure support before applying.

The co-ordinators principal role is to review all case sheets where an area for consideration or of concern has been flagged up by the first line assessor or if a clinical event has been recorded. They have to decide if this is valid and if the coding and comments are appropriate. First-line assessors sometimes ask for further information and, in these cases, the co-ordinators undertake case note checks to determine the missing information. Co-ordinators will also examine all requests for case note review and can over-ride first line assessors both in request for or refusal of case note reviews. The main task of the co-ordinators is to maintain a degree of even-handedness in decision making and to reflect mainstream peer group opinion. Additionally co-ordinators enter into correspondence with participants where there is disagreement to resolve

disputed issues.

Co-ordinators will be expected to assist the audit by developing appropriate areas of expertise to support the SASM process including participation in development of the SASM proformas and contributions to the Annual Report. There is appropriate remuneration available for the successful candidates from NHS ISD to reflect the approximate workload of one session per week.

Consultants who would be eligible for either of these roles will be contacted in the near future by Dr Pace, Chairman of SASM. Consultants who would like to make informal inquiries can contact the current surgical co-ordinator, George Gray at g.r.gray@ntlworld or the current anaesthetic co-ordinator, Heather Hosie at Heather.Hosie@ggc.scot.nhs.uk.

Heather Hosie
West of Scotland Anaesthetic
Coordinator

Category 4 deaths

In issue 13 of the Newsletter, we reported that patients where ACONs were identified which **contributed** to their deaths were to be managed similarly to patients where ACONs were identified which caused their deaths. There were 11 deaths in 2007 where an area of concern was judged to have **caused** death. This judgement is arrived at by the first line assessor, the case note reviewer, the SASM co-ordinator and after presentation of the case at the Management Committee. When SASM was reviewing its clinical governance process in 2006/7, it became apparent that there was no feedback to the audit that these cases had been discussed or that any outstanding issues had been addressed by the clinicians involved or the hospital. After a consultation process (outlined in Newsletter 6), the preferred option of notifying the responsible consultant to ask if peer review has been carried out and the results of this peer review was implemented in 2007. The response letter has to be co-signed by the medical director to ensure that management responsibilities for clinical governance are fulfilled but is not sent to the Medical Director unless there is no response from the responsible clinician.

There were 137 deaths in 2007 where ACONs were thought to have **contributed** to the patient's death. Participants contacted the audit to confirm whether these too, in future, would all have case note review and be managed similarly by the Management Committee. The Management Committee reviewed its decision at its May meeting and decided that a letter be sent to doctors involved in the care of patients where ACONs are thought to have contributed to death, asking for feedback and lessons learnt from the case as part of the governance process.

Heather Hosie
West of Scotland Anaesthetic Co-ordinator

eSASM update

Following on from Newsletter 13 issued in February 2009 we would like to provide an update on the progress of the eSASM project to allow clinicians to complete audit forms online. It is still anticipated that eSASM will be available from 2010 with a phased roll-out throughout the year.

The development of the new system is due to start in early June 2009 and it is hoped we will have a prototype of the system available for the Assessors' meeting on 2nd September 2009.

Two clinicians from the SASM

management committee have volunteered to sit on the eSASM project board. These are Mr Roy Scott, Consultant Vascular Surgeon and Dr Alistair Michie, Consultant Anaesthetist.

eSASM will be available on the N3 network, to which all NHS sites are connected. Therefore, in order to access eSASM and complete audit forms online, clinicians will have to be at an NHS site.

It is proposed that clinicians will receive notification by e-mail if they have a form to complete online. If case feedback containing confidential data is sent to a clinician, this will only be sent electronically to an nhs.net e-mail

address (the recognised secure mailing system supported by the NHS). SASM always endeavour to keep records as up to date as possible and periodically send secretaries of each department a list of current participants and ask them to inform us of any amendments. If you have an nhs.net e-mail address it would be much appreciated if you could let SASM know and we can update our records accordingly. If you do not yet have an nhs.net e-mail address, anyone employed by the NHS can register for one at <https://www.nhs.net/>.

Lynsey Kerr
Information Analyst/Statistician