



Upgrading SASM

Participants by now should be aware of the temporary suspension of SASM activity. The suspension arose from a review of SASM by Information Services Division's Privacy Advisory Committee, who advised that the current system of mailing SASM forms did not comply with patient confidentiality requirements.

The changes which would be required to make a paper-copy system compliant would be prohibitive. As work is already underway on eSASM, an electronic version of the system, a decision was therefore taken to temporarily suspend audit activity, and accelerate the eSASM development.

The proposal to suspend was robustly discussed, with clinicians on the Management Group expressing concern, but the decision was ultimately a pragmatic one, which provides the opportunity to allow SASM to evolve into a more modern, responsive and sustainable form.

Over the coming months, the eSASM team will be out and about around Scotland, raising awareness about the new system, training people in the new system and conducting early user testing. We will keep participants up to date through this newsletter, future editions, web updates and local activity.

The temporary suspension also offers an opportunity for reflection on the progress of the audit to date, and on its future direction. Does SASM still need to do all it currently does, how might attention be best directed to new areas? We want to hear users' views and will be carrying out an End User Survey to give users the opportunity to express their views.

Further information on the progress of eSASM will be posted regularly on the website: www.sasm.org.uk

Annual Report 2010

This year's report covering 2009 data was published on 26th October.

Previous annual reports have used a variety of methods of data extraction, not all of which can now be replicated. In anticipation of eSASM, 'standard procedures' have been introduced in this year's report. The 2010 annual report should therefore be considered as a 'stand alone' report.

The annual report can be accessed via the SASM website:

<http://www.sasm.org.uk>

New Era – New Office Staff



SASM welcomes **Karen Irvine**, who has recently taken the reins as National Coordinator.

Karen qualified in 1994 from Argyll and Clyde College of Nursing and Midwifery, and has spent most of her career in theatres, anaesthetics and emergency room nursing in both the NHS and the private sector. She also worked as an endovascular clinical specialist within an international medical device company giving her valuable insight into other healthcare systems throughout the world.

She has worked with Consultants in Anaesthesia and Emergency Medicine to develop and implement an anaesthetic assistant's course for A&E nurses, and has contributed to the development of day case angioplasty in a nurse led admissions/discharge unit.

Her previous experience within ISD as Quality Assurance Manager for three other national audits and liaising with the Scottish Executive will be valuable assets as she guides SASM through its interesting future.

Gillian McPhillips

Senior Analyst, Gillian McPhillips who has been with SASM for the past seven years has moved to a role of Senior Business Analyst within the Systems Interface Group of ISD. All at SASM would congratulate Gill on this appointment, and thank her for the efforts and achievements with the audit, and wish her well in her new role.

Assessors' Meeting 28th September 2010 RCPS Glasgow

The SASM annual Assessors' Meeting took place at the Royal College of Physicians and Surgeons in Glasgow. This was a well attended meeting which provoked lively debate and discussion.

The key recommendations from the meeting were:

- Category 4 cases ('contributed to death') should go to the participant concerned and the responsible Medical Director AND a response on how practice has been changed returned to the management committee. This is currently the process for 'caused death' cases only.
- All cases involving inter-hospital transfers between health boards leading to a determination of either 'caused death' or 'contributed to death' will also require a response from the Medical Director of the first hospital and hence feedback to the original referring clinician.
- It is expected that more determinations of 'caused death' will be found, with the understanding that this management statement does not specifically imply concerns with patient management. This process will lead to more local review, but would also likely result in a reduction in the number of Case Note Reviews required.

SASM will continue to press for more meaningful local multidisciplinary morbidity and mortality meetings to review such cases where a determination of 'contributed to or caused death' was found.