

### 3. Organisation of vascular services

#### Audit /clinical governance meetings

Hospitals were asked whether the surgical department held regular audit/clinical governance meetings. 97% (173/178) held such meetings. This figure is commendable.

At those hospitals that held audit meetings the numbers of health professionals that were involved are detailed in Table 7.

<b>Table 7. Health professionals involved in audit/clinical governance meetings</b>	
<b>Health professional</b>	<b>Number of hospitals</b>
Surgeons	173
Nurses	125
Anaesthetists	76
Radiologists	66
ICU consultants	52
Operating department practitioners	37
Pathologists	27
Pharmacists	25
Microbiologists	24
Physiotherapists	21
Nutritionists	8
Other	50

Hospitals were also asked whether there were separate multidisciplinary meetings specifically for vascular surgery. At those hospitals that held separate vascular surgery meetings the numbers of health professionals that were involved are detailed in Table 8.

<b>Table 8. Health professionals involved in vascular surgery meetings</b>	
<b>Health professional</b>	<b>Number of hospitals</b>
Surgeons	98
Nurses	59
Anaesthetists	23
Radiologists	105
ICU consultants	15
Operating department practitioners	10
Pathologists	4
Pharmacists	6
Microbiologists	3
Physiotherapists	15
Nutritionists	2
Other	37

All hospitals should have meetings to discuss and reflect on the process and outcome of surgical services, especially vascular surgical services which will have a higher associated mortality for

both elective and emergency operations than almost all other areas of surgery. It is unimportant whether the meetings are termed audit, governance, morbidity and mortality or some other title so long as there is a structured process to assess and improve practice. Hospitals should consider if the needs of vascular surgery can be met within a general forum or whether they are best served by meetings devoted to vascular surgery alone. It is not acceptable that even a small minority of hospitals do not have governance meetings of any sort.

It is praiseworthy that such a wide range of clinical specialties contribute to these meetings. These data should lead clinicians to consider whether all the necessary people attend their local meetings. The high number of radiologists attending specific vascular meetings may reflect their part in assessing patients for interventional procedures and in performing these procedures. NCEPOD did not ask specifically whether cardiologists attended audit/governance meetings. This was unfortunate given the involvement of cardiologists in the preoperative assessment of vascular surgery patients. Attendance by cardiologists may have contributed to those marked 'Other'.

There is little point in organising multidisciplinary meetings if people are unable to attend because of the timing of the meeting or other clinical commitments. Audit/governance is a proper and essential part of patient care. Meetings should be held during the working day, not in the early morning or evening. The time required should be reflected in consultant job plans.