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Dear Colleague

Management of the national clinical audit and confidential enquiries programme

I wrote to you in March outlining our plans to re-tender the contract for the management of the national clinical audit and confidential enquiries programme. I asked for your advice on where we could be doing better, what changes we needed to make to existing arrangements and where we should focus our priorities in the future.

I was extremely pleased to receive so many detailed and thoughtful responses. As might be expected there were some common themes, that:

- local resources for audit are limited and in many trusts continue to be eroded – so we need to use the resources we do have wisely;
- we need to develop the capacity and capability of clinicians and managers to lead quality improvement initiatives using tools such as clinical audit;
- we need to ensure the link between national clinical audit and its use to support local quality improvement is made and understood. Otherwise, clinical audit is at risk of becoming solely a quality assurance rather than improvement tool.
- the status of clinical audit, confidential enquiries and related quality improvement tools should “catch up with research” in their methodological rigour. Many people commented on the varying quality of audits in our National Clinical Audit and Patient Outcomes Programme (NCAPOP) and the need to improve the quality of national and local audits.

Following an Official Journal of the European Union (OJEU) Open Procedure procurement route, which the Department of Health (DH) conducted on behalf of the NHS Commissioning Board (NHS-CB), I am delighted to announce that the Healthcare

Quality Improvement Partnership (HQIP) has been awarded the new contract, to continue and build on the work that they have managed over the last five years.

This does not mean, however, that this is 'business as usual' for the programme. Although the organisation remains the same, you should expect to see some very significant changes that reflect the advice you gave me and also as a result of the responsibility for this area of work moving to the NHS Commissioning Board (NHS CB).

- The programme of work has been divided into two lots: the first providing support for clinical audit in health and social care; the second managing NCAPOP and the Clinical Outcomes Review Programme (CORP). We wanted to set a clear strategy for two separate areas of work – local support activities and the commissioning of a national programme of clinical audits and enquiries - that must be delivered as one integrated piece of work, which is responsive to, and supports the delivery of each other's objectives.
- HQIP will appoint a Medical Director who will work across both lots and whose purpose will be to build stronger relationships with clinicians in the NHS. The Medical Director will be accountable to the Chief Executive but will also form close links with and will be professionally accountable to the Clinical Leadership Team in the NHS CB.
- HQIP will drive up quality throughout the NCAPOP programme through a formal relationship with Imperial College's Centre for Health Improvement and Research (CHIR) who will provide methodological support in the development of national audits. HQIP will continue to ensure that stakeholders are consulted during the development of new NCAs to ensure that they achieve improvements in the quality of patient care and outcomes.
- HQIP will support organisations locally to build quality improvement programmes that are supported by the outputs from the NCAs they commission. HQIP will support organisations in the development of their own local audit practice by building an infrastructure that allows the sharing of examples where local audit has worked well and supporting organisations to benchmark.
- The programme of work delivered by HQIP will have closer ties to the wider quality improvement work carried out by the NHS CB and will directly support it to deliver improvements across the five domains of the NHS Outcomes Framework. Local clinical audit guidance and information on NCAPOP and CORP will be moved across to sit on the NHS CB website so all our QI information and activities will sit in one place.

Key to the success of this programme of work is the continued engagement of the many people who have a keen interest in ensuring that patients and service users receive high quality care. I would like to thank you for your continued support.

Yours sincerely

A handwritten signature in black ink that reads "Bruce Keogh." The signature is written in a cursive style and is underlined with a single horizontal stroke.

**Professor Sir Bruce Keogh KBE, DSc, FRCS, FRCP
NHS Medical Director**