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Ian Baker

NHS Management
Executive

To: Regional General Managers
General Managers of Special Health Authorities
Copy: Chairmen of Regional Medical Audit Committees
Regional Directors of Public Health
Regional Directors of Finance
Regional Directors of Nursing
Chief Nursing Officers in Special Hospitals Authority
Regional Postgraduate Medical Deans
Regional Postgraduate Dental Deans
Chief Nurses of the London Postgraduate Teaching Hospitals
District General Managers
Unit General Managers
Chairmen of Local Audit Committees
District Directors of Finance
Chief Executives of NHS Trusts
Nurse Executives of NHS Trusts
Chief Executives of Family Health Service Authorities

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BRISTOL & DISTRICT
HEALTH AUTHORITY
11 MAY 1993
Public Health Medicine

EL(93)34
23 April 1993

Dear Colleague,

Clinical audit in HCHS: allocation of funds 1993/94

1. We are pleased to inform you that £50.1M revenue has been centrally earmarked within the hospital and community health services budget for the continuing development of audit by healthcare professions in 1993/94. This sum comprises £41.9M for medical audit and £8.2M for audit of the nursing and therapy professions.
2. An additional allocation of £3.2M has also been made in order to facilitate and "pump prime" the development of multi-professional clinical audit.
3. Allocations to Regional Health Authorities and Special Health Authorities for 1993/94 are set out in Annex A to this letter. Payment will be made, upon receipt and approval of 1992/93 annual reports and 1993/94 forward plans, within twenty eight working days. Reports must be submitted by 31st July 1993. Details of the expected format and contents of the Medical Audit 1992/93 annual reports are attached (annex C). Details regarding the format of nursing and therapy annual reports have already been circulated under separate cover. Reports should be sent to Elizabeth Kidd, Health Care Directorate, Room 3W37, Quarry House, Quarry Hill, Leeds LS2 7UE.
4. Funding for clinical audit from 1994/95 will be included in overall allocations to Regions. Regions will be expected to maintain and develop clinical audit and will be held accountable in this area; specific criteria on which performance will be measured after 1993/94 will be agreed at a later date.

The development of clinical audit

5. A policy statement setting out the main strands of the clinical audit strategy has been commissioned by the Department's Clinical Outcome Group (COG) and will be published shortly under separate cover.