**The Medical and Surgical Clinical Outcome Review Programme and the Child Health Clinical Outcome Review Programme**

**Marisa Mason, National Confidential Enquiry into Patient Outcome and Death**

The aim of the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) is to undertake confidential enquiries and make recommendations for clinicians and service providers. NCEPOD uses a peer review process, along with questionnaires completed by clinicians involved in a patient’s care, to assess the quality of care provided. Multidisciplinary groups of healthcare professionals review cases relevant to their specialty. This method ensures that the recommendations made are clinically robust.

NCEPOD undertakes the Medical & Surgical and the Child Health Clinical Outcome Review Programmes, commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England, the Welsh Government, the Department of Health in Northern Ireland, the Scottish Government and the States of Jersey, Guernsey, and the Isle of Man. NCEPOD as an organisation was established in 1988. At that time NCEPOD reviewed in-hospital perioperative deaths. In 2003 its remit was extended to review the quality of medical care and the method was also changed so that anyone could suggest an idea for a topic for review and the topics and reviews became more focused. Death is still used as an outcome for inclusion, but other outcomes such as discharge, or admission to critical care may also be used.

Each study undertaken explores a specific topic in detail however, a number of common themes have emerged that are relevant to the care of all patients admitted to hospital. These include:

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| 1. More timely consultant review
 | 1. Continued supervision of trainee doctors
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| 1. Better multidisciplinary review
 | 1. Improved accuracy of documentation in case notes
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| 1. More frequent patient monitoring and use of early warning scores
 | 1. Improved morbidity and mortality review attendance and occurrence
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| 1. Better use of networks of care
 | 1. Greater existence, and audit, of policies, protocols, proformas and guidelines
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