

# Outlier Policy

## National Clinical Audit for Anxiety and Depression (NCAAD)

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## Purpose

NCAAD collects, analyses and reports data at participating Trust/organisation, CCG and service levels. The audit has the potential to highlight results which do not appear to be in line with existing benchmarks (e.g. research or established norms) or other providers. Given this, NCAAD requires a robust process for identifying, highlighting and acting upon areas of concern or poor practice highlighted as part of the audit process.

The following procedure reflects the [guidance](#) provided by the Healthcare Quality Improvement Partnership (HQIP).

NB. This document should be read in conjunction with the NCAAD [Cause for Concern Policy](#).

## Definitions

**Outlier:** A Trust/organisation will be identified as an outlier if the value of the performance indicator is outside the range of *acceptable performance*. The range of acceptable performance is determined by the range of values around mean and/or an identified norm (clinical practice guideline, clinical judgement etc.).

**Acceptable performance:** For the purpose of the NCAAD, acceptable performance will be based on all data within 2 standard deviations of the mean. If the results from this are not meaningful (i.e. too many Trusts are identified as outliers) then three standard deviations will be used.

**Alert:** A Trust/organisation identified as being 2 standard deviations from the mean.

**Alarm:** A Trust/organisation identified as being 3 or more standard deviations from the mean.

### a. Identifying outliers

Once data cleaning and the main analysis is complete, further analysis will be conducted on the following three key metrics to identify possible outliers:

- Psychological Therapies: Was the service user referred to psychological therapy?
- Care plans: If the service user had a care plan, were they provided a copy?
- Discharge: Was the service user followed up within 48 hours?

Analysis will be carried out to 2 and 3 standard deviations from the mean.

If a Trust/organisation is identified as being outside 2 standard deviations from the mean, they will be flagged as a potential 'alert' provider. Trusts/organisations outside 3 standard deviations from the mean will be flagged as a potential 'alarm' provider.

The focus is then to scrutinise the data handling and analysis to determine whether there is a potential 'case to answer'.

Within 5 working days of identification of potential outlier status, the audit contact in the Trust/organisation will be informed of their potential outlier status, provided with a copy of their analysed data and asked to identify any data errors/provide justifiable explanations. A copy of this request will be sent to the Trust/organisation Medical Director and Chief Executive Officer (CEO).

The Trust/organisation will be given 20 working days to review their data for accuracy and provide a written response. If no response is received, a reminder letter will be sent requesting a response within 5 working days.

If amendments are required to the data, and further analysis indicates the Trust/organisation is no longer an outlier, a letter confirming this will be sent to the Trust/organisation within 20 days confirming this.

If following receipt of a written response:

- Inaccurate data have been amended and the service remains an outlier, or;
- Submitted data were accurate and the outlier status remains

One of the identified actions below will be taken.

## **b. Actions**

**For Trusts/organisations identified as an 'alarm':** please follow the [Cause for Concern Policy](#).

**For Trusts/organisations identified as an 'alert':** On confirmation of a Trust/organisation's outlier status, the audit lead within the Trust/organisation will be contacted within 5 days by telephone, after which written confirmation of outlier alert status will be sent to the audit lead, along with the Medical Director and CEO.

The written confirmation will include data analysis and previous responses from the audit lead in the Trust/organisation. The Trust/organisation will be informed of data transparency and that their Trust/organisation will be identified in the national report.

The Care Quality Commission (CQC) expect healthcare providers to be investigating and monitoring alert level outliers, it is therefore recommended that the Trust/organisation investigate and implement appropriate improvement plans where necessary. The CQC encourages Trusts/organisations to notify them of alert outliers to enable them to provide appropriate support to the provider's improvement efforts.

**When status cannot be ascertained:** If a hospital submits less than an identified minimum of case notes, it cannot have outlier analysis applied to its data. These hospitals will be appended to information supplied to HQIP on outliers, as sites where status could not be ascertained.

## **c. Positive Outliers**

The NCAAD would like to recognise and promote excellence and high performance by participating Trusts/organisations in the audit programme. High performing Trusts/organisations will be invited to share best practice and case studies via the audit such as in our publications, local quality improvement workshops, newsletters and forums.

The CQC would also like to use positive outliers to inform their routine engagement meetings, inspection activities and ratings. The NCAAD therefore encourages participating Trusts/organisations to share this information and will endeavour to support Trusts/organisations to do so.

## Appendix: Outlier Process Flow Diagram

