**Outlier Policy: EIP 2021/22 audit**

This procedure follows the [2021 guidance provided by the Healthcare Quality Improvement Partnership (HQIP).](https://www.hqip.org.uk/wp-content/uploads/2021/11/Appendix-10-HQIP-Outlier-guidance-v4.pdf)

This policy applies to data collected as part of the Early Intervention Psychosis (EIP) casenote audit 2021/2022. The cohort for this audit were patients with first episode psychosis (FEP) who were on the team’s caseload for 6 months or more on the census date of 1st April 2021. The full eligibility criteria can be found on our [website](https://www.rcpsych.ac.uk/improving-care/ccqi/national-clinical-audits/national-clinical-audit-of-psychosis/audit-resources).

Please note within this document Trusts and Health Boards are referred to as services.

# Identifying outliers

* Once data cleaning and the main analysis is complete, further analysis will be carried out on agreed NCAP standards to identify potential outliers.
* The agreed standards in 2021/2022 are:
  + **Standard 3: take up of Family Intervention**
  + **Standard 6: monitoring of three cardiometabolic health risk factors (smoking, BMI and blood pressure)**
* Services will be identified as outliers based on performance:
  + More than two standard deviations (but less than 3) from the total national sample (TNS) is defined as an ‘alert’ level outlier.
  + Three or more standard deviations away from the TNS is defined as an ‘alarm’ level outlier.
* If a service has submitted fewer than 20 cases, data will be insufficient to determine outlier status and the audit lead will be informed. A list of these services will be provided to HQIP.
* If there are concerns regarding data quality which would prevent a conclusion about outlier status being determined for any service, the audit lead will be informed. A list of these services will be provided to HQIP.

# Informing Services

| **Stage** | **What action?** | **Who** | **Deadline** |
| --- | --- | --- | --- |
| 1 | Analysis of NCAP data to identify potential outliers | NCAP | 18/03/22 |
| 2 | Where services have been identified as potential alert or alarm outliers, NCAP will contact the audit leads with their analysed data and request that they identify any data errors or provide justifiable explanations. Copies of this request will be sent to the Chief Executive Officer (CEO) and Medical Director (MD). | NCAP | 25/03/22 |
| 3 | Services review their data for accuracy and provide a written response to the NCAP team. The NCAP team will keep a log of these responses. (Please note a written response is only mandatory for alarm level outliers). | Services | 29/04/22 |
| 4 | NCAP review responses from services and re-analyse any corrected data.  ‘No case to answer’:  It is confirmed that the data originally  supplied by the service contained  inaccuracies. Re-analysis of accurate data no longer indicates ‘alarm’ status.  ‘Case to answer’:   * Although it is confirmed that the originally supplied data were inaccurate, analysis still indicates ‘alarm’ status * It is confirmed that the originally supplied data were accurate, thus confirming the initial designation of ‘alarm’ status. | NCAP | 27/05/22 |
| 5 | If further analysis indicates that there is **no case to answer**, services will be sent a letter to confirm this, copying in the CEO and MD. Revised data and results will be provided to services.  If further analysis indicates there **is a case to answer** the local NCAP lead will be contacted within five working days by telephone prior to sending written confirmation of alarm status, copying in CEO and MD. Communications will include data analysis and previous responses from NCAP lead.  For services in England, NCAP will inform CQC[[1]](#footnote-2) and HQIP[[2]](#footnote-3) of alarm level outliers.  For services in Wales, NCAP will inform the Welsh government[[3]](#footnote-4) and HQIP2. | NCAP | 03/06/22 |
| 6 | Within 10 working days local NCAP leads will provide written notification confirming receipt of letters and that a local investigation will be undertaken with independent assurance of the investigation’s validity for alarm level outliers, copying in the CQC1 above or Welsh government3.  The CQC or Welsh government is then responsible for making any decisions as to whether the organisations’ response is adequate. | Services | 17/06/22 |
| 7 | If no acknowledgement is received by 04/07/22, a reminder letter will be sent to the CEO, copying in the CQC1 or Welsh government3 and HQIP2.  If nothing is received within 15 working days, CQC/Welsh Government will be notified of non-compliance in consultation with HQIP. | NCAP | 08/07/22 |
| 8 | Comparative data identifying services has been included in national reporting. A list of services with an alarm level status for each outlier standard will be published on the NCAP website. | NCAP | 14/07/2022 |

1. Via [clinicalaudits@cqc.org.uk](mailto:clinicalaudits@cqc.org.uk) [↑](#footnote-ref-2)
2. Via HQIP PM and AD [↑](#footnote-ref-3)
3. Via [wgclinicalaudit@gov.wales](mailto:wgclinicalaudit@gov.wales) [↑](#footnote-ref-4)