****

**Identifying outliers and informing Trusts:**

**The process to be used by the National Audit of Dementia care in general hospitals (NAD) in the fourth round of audit – updated 11 February 2019 following final Steering Group decisions on data**

This procedure follows the [guidance](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/135480/dh_123888.pdf.pdf)[[1]](#footnote-1) provided by the Healthcare Quality Improvement Partnership.

1. **Identifying outliers**

Items for outlier analysis were initially selected as of **clinical** significance and likely to provide sufficient reliable data for analysis:

* Assessment: Initial delirium assessment
* Assessment: Nutrition
* Discharge: Communication with MDT

Items are now confirmed following the completion of data collection

* Analysis will be done to two standard deviations (SD) from the mean.
* If the results from this are not meaningful (i.e. too many Trusts are identified as outliers) then three SD will be used. **3SD** will be used for all 3 measures in Round 4.
1. **Informing Trusts**
* NAD audit leads will be sent a letter via email, and an additional copy of the letter by post. This will be copied to the Chief Executive and inform them of their potential outlier status. The letter will be signed from the CCQI Director (Mike Crawford). They will be given two weeks to review their data for accuracy and provide a written response.
* The letter will also ask for confirmation of the Clinical Governance Lead for the Trust.
* A log of responses will be created.
* If further analysis indicates that they are no longer outliers they will be sent a letter within 30 days to confirm this. Data and results will also be revised for National Reporting, where necessary.
* If a response is not received within one month a reminder email and letter will be sent giving two weeks to respond, informing them that we will pass the matter on to HQIP if we do not hear from them.
* Following receipt of a written response, if the Trust is still an outlier then within 30 days NAD audit leads will be called to inform them that they will be receiving a letter of concern.  Confirmed alarm level outliers identified by the audit will be identified to the Care Quality Commission.
* This will be sent via email and post to the NAD audit lead and copied to the Chief Executive, Medical Director and Clinical Governance Lead, and HQIP. This letter will mention that the NAD National Report will include information comparing performance by Trusts and will identify providers. The Chief Executive will be advised that the audit must inform the Care Quality Commission. The Chief Executive will be asked to provide a written acknowledgement within 10 days, giving details of their next steps as an organisation.
* If no response is received within 15 working days, a reminder letter will be sent asking for an acknowledgement within 5 days. If there is still no response this will be escalated through HQIP, and information will be provided to the Care Quality Commission and NHS Improvement:
* contact without delay james.campbell@hquip.org.uk, copying the email to sam.harper@hqip.org.uk including at least the following key information:
	+ Name of audit
	+ Reporting period in question
	+ Name of outlier(s)
	+ Measure and clinical context for which they are possible or confirmed outliers
	+ Relevant communications / actions to date
	+ Anticipated publication date
1. **When status cannot be ascertained**

If a hospital submits less than an identified minimum of casenotes, 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.

1. **Publication**

Outlier results will be published alongside national reporting data tables which accompany the National Report



1. https://www.hqip.org.uk/resource/detection-and-management-of-outliers-for-national-clinical-audits/#.XGK5PFz7SUk [↑](#footnote-ref-1)