

## National Clinical Audit of Psychosis (NCAP)

### Outlier Policy: EIP 2019/20 audit

#### Last update: September 2020

*The outlier process was put hold due to COVID-19 in line with advice from the Healthcare Quality Improvement Partnership (HQIP). Further guidance was issued by HQIP in July 2020 and the outlier process has been amended in line with this and will be restarted.*

This procedure follows the [2017<sup>1</sup>](#) and [2018<sup>2</sup>](#) guidance provided by HQIP, and has been amended in line with HQIP guidance on modifying outlier escalation processes during the pandemic ([2020<sup>3</sup>](#))

This policy applies to data collected as part of the EIP audit 2019/2020. The patient cohort for this audit was up to 100 patients per team, chosen by random sample by the NCAP team. The sample of patients was taken from those eligible patients on the caseload at the census date of 1 April 2019, who had been chosen by random sample by the NCAP team to be sent a service user survey (a maximum of 150 patients per team). The full eligibility criteria can be found [here](#).

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

#### Identifying outliers

- Once data cleaning and the main analysis is complete, further data analysis will be carried out on agreed NCAP standards to identify potential outliers.
- The agreed standards in 2019/2020 are:
  - o Standard 1: waiting times
  - o Standard 3: take up of Family Interventions

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<sup>1</sup> [Detection and management of outliers for National Clinical Audits \(England-only\), HQIP, May 2017](#)

<sup>2</sup> England: [Detection and management of outliers for National Clinical Audits: Implementation guidance for NCAPOP providers \(England-only, in consultation with CQC, NHS England, NAGCAE and NHS Improvement\), HQIP, May 2018](#)  
Wales: [Detection and management of outliers for National Clinical Audits in Wales, HQIP, November 2018](#); [Detection and management of outliers for National Clinical Audits in Wales: Implementation guide for NCAPOP providers, HQIP, November 2018](#)

<sup>3</sup> [Outlier management for National Clinical Audits, HQIP, July 2020](#)

- o Standard 6: monitoring of the five cardiometabolic health risk factors (excluding alcohol intake and substance misuse);
- Services will be identified as outliers based on performance three standard deviations away from the total national sample. Services more than three standard deviations away from the TNS are considered alarm level outliers. *Please note that due to pressures from COVID-19, on this occasion we will not be notifying services more than two standard deviations away from the TNS (previously identified as alert level outliers).*
- If a service participating in the audit has submitted fewer than 20 cases, data will be insufficient to determine outlier status. The audit lead will be informed that their outlier status cannot be determined. A list of any such services will be provided to HQIP and the audit lead will be informed of this.
- 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 any such services will be provided to HQIP and the audit lead will be informed of this.

### Informing Services

Stage	What action?	Who	Deadline
1	Analysis of NCAP data to identify potential outliers	NCAP	16/03/2020
2	Where services have been identified as potential alarm outliers, NCAP will contact the audit leads with their analysed data and request that they identify data errors or provide justifiable explanations. Copies of this request will be sent to the Chief Executive (CEO) and Medical Director (MD).	NCAP	17/09/2020
3	Services review their data for accuracy and provide a written response. The NCAP team will keep a log of these responses.	Services	22/10/2020
4	NCAP review responses from services and re-analyse any corrected data.	NCAP	19/11/2020
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, following receipt of a written response,	NCAP	26/11/2020

	<ul style="list-style-type: none"> <li>Inaccurate data have been amended and the service remains an alarm level outlier;</li> <li>Submitted data were accurate and outlier status remains.</li> </ul> <p>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. NCAP inform CEO of transparency and identification of their service in reporting.</p> <p>Alarm status: for services in England, NCAP will inform CQC, HQIP and NHS Improvement of alarm level outliers in November 2020. For services in Wales, NCAP will inform the Welsh government and HQIP.</p>		
6	<p>Local NCAP leads will provide written acknowledgement within 10 working days of receipt of letters of outlier status and confirm a local investigation is taking place, copying in the CQC and HQIP or Welsh government.</p> <p>The CQC or Welsh government is then responsible for making any decisions as to whether the organisations' response is adequate.<sup>2</sup></p>	Services	10/12/2020
7	<p>If no acknowledgement is received, a reminder letter will be sent to the CEO, copying in the CQC or Welsh government and HQIP.</p> <p>If nothing is received within 15 working days, the CQC and NHS Improvement will be notified for services in England, and the Welsh Government for services in Wales, of non-compliance in consultation with HQIP.</p>	NCAP	08/01/2021  29/01/2021
8	<p>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.</p>	NCAP	