Outlier Guidance: Summary of changes 2024

During 2023 HQIP has undertaken an extensive exercise to refresh the National Outlier Guidance. This has included consultation with, and mutual signing off by the CQC, NHSE, Welsh Government, and NCAPOP audit providers.

In summary:

- Editorial changes have taken place to the original text with the aim of streamlining i.e. transferring the previous narrative text into tables.
- Important text changes are summarised below.
- Audit providers are asked that the new guidance be applied in full to audit cycles beginning in 2024, however where practical/possible some of the process changes could be included immediately (these are marked with "*").

Summary of key changes in the updated HQIP Outlier Guidance	
Previous version	**Updated version** **Points marked with "*" indicate changes that could be adopted immediately**
10.1 Introduction: - Paragraph 2: "The effective operation of an outlier policy also provides opportunities for national clinical audits to support quality improvement."	1.0 Introduction - This has been expanded to highlight the focus on quality improvement and the opportunity to highlight excellence: "The effective operation of an outlier policy also provides opportunities for national clinical audits to support quality improvement ***and we are very keen that this becomes the predominant reason for the operation of this policy. HQIP is also keen that the identification of positive outliers is used to celebrate clinical excellence.***"
10.2.1 Choice of performance indicator - "We are keen that the outlier methodology is applied to these additional metrics and we suggest, to clinicians and audit providers, that they start to consider what additional metrics it would be appropriate to apply this methodology to."	3.0 Choice of performance indicator - This section has been expanded to include a requirement for audit providers to publish the list of metrics chosen for outlier analysis and a rationale for their selection. It also sets out the aim of identifying and celebrating positive outliers: "***As these criteria which will define this core group of assurance metrics are developed, the expectation would be that these are published by each audit provider alongside their bespoke version of this outlier guidance so that there is easy reference concerning each audit's approach to this concept. HQIP recognises that where outlier analysis is carried out for the first time by an audit, publication of the healthcare provider names may not be appropriate to allow for testing and embedding of the process. However, healthcare providers with Alarm level outliers should be published in subsequent years.*** ***Another theme to be reiterated as these changes are implemented, is that emphasis also moves to celebrating organisations which are positive outliers. HQIP plan to work with our communities to see how this can best be achieved. NCAPOP audit providers have experience in doing this and it is crucial that this theme is extracted and becomes as***

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	important to all concerned as is the current concept of using the negative side of outliers for assurance."
10.2.3 Data Quality - Paragraph 4: "As well as responding to formal data quality outliers, CQC will also consider additional activities in partnership with audits seeking to improve data quality"	5.0 Data Quality - This section has been expanded to include more detail on CQC's approach to addressing data quality issues: "*They are currently transforming their approach to regulation where it is anticipated that evidence on data quality and submission could be used to form judgements about providers.* As well as responding to formal data quality outliers, the CQC will also consider additional activities in partnership with audit providers seeking to improve data quality. *Where NCAPOP providers have specific concerns about the robustness of an analysis that flags a healthcare provider as an outlier for an individual metric, they should discuss this and any important contextual information with the CQC or Welsh Government as appropriate.*"
10.2.5 Identification of a potential outlier: alarms and alerts	7.0 Identification of a potential outlier: alarms and alerts - The following has been added to paragraph one: "*Funnel plots can be used to take into account the size (volume of activity) of a healthcare provider meaning that larger providers, with larger numbers of patients, have narrower confidence limits*"
10.2.6 Management of a potential outlier - This section has been replaced by section 8.0 NCAPOP audit providers	* 8.0 NCAPOP audit providers Key changes to note: - NHSE to be included alongside CQC in alert and alarm reporting - Alert (2SD) level outliers to be reported to CQC and NHSE for metrics related to mortality only (this is specific to England, all outliers at alert level for Welsh providers will continue to be reported to the Welsh Government) - The routine summary report from CQC to NHSE will be sent quarterly (previously six monthly)
10.3 Individual NCAPOP provider outlier policies	8.3 Individual NCAPOP provider outlier policies The following had been added to paragraph one: "*Where these policies refer to CQC procedures, the policy should be shared with CQC to confirm that they align with current practice.*" Numbered checklist for individual outlier policies: - Inclusion of point 4: "*An explanation of what each measure is, the rationale for inclusion and how to interpret*". - Points 5, 6, and 7 have been consolidated into point 5
Table 10.4.1: Outlier notification stages for alarms (England only) - This has been replaced by Table 2: Outliers at alarm level actions	* Table 2: Outliers at alarm (3SD) level actions - Step 1: Outcomes of data quality checks changed from 'No case to answer' and 'Case to answer' to *'Alarm' status not confirmed* and *'Alarm' status confirmed* - Step 2: the following has been removed: "A copy of the request must be sent to the healthcare provider CEO and Medical Director" - Step 4: Health provider response categories changed from 'No case to answer' and 'Case to answer' to *'Alarm status not confirmed'* and *'Alarm' status confirmed*

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	- Step 4: the following has been removed: "Healthcare provider Lead clinician notified in writing copying in healthcare provider CEO and Medical director and process closed" - Steps 5-9 have been divided into England and Wales, with different actions as appropriate - Step 5 has been expanded to include details of the reporting requirements - Step 5: NHSE included in notifications - Step 5: Link to new outlier template - Step 5: Note that all organisations should acknowledge receipt of the notifications - Steps 6-9 are new
	* Table 1 Outliers at alert (2SD) level actions - This table is new, and sets out the process for reporting alert level outliers - Key difference to note: for England, only metrics related to mortality should be reported. All outliers at alert level for Welsh providers should be reported to the Welsh Government. - Outliers should be reported to CQC using the new template, and NHSE should receive the same notifications as CQC
Appendix 10b: Identification and management of outliers (amendments for Welsh data) This section has been removed	Processes relating to Welsh data is included in separate sections of Tables 1 and 2 in the updated version
	Appendix A This table is an addition to the new version. The intention is to include non-participation in audits by eligible healthcare providers as part of outlier reporting, following the alarm level process from step 5. The approach for identifying and reporting any providers in this category can be set out in the outlier policies of the individual audits