

COVID-19 outlier restart - where an audit has suspended the outlier escalation process after outlier data has been checked, verified and escalation had commenced:

1. The remaining outlier escalation process should be restarted based on a modified escalation process as indicated below. These changes should be reflected in an updated and re-issued project outlier policy for the cohort affected and should be communicated to participant services:

OUTLIER MANAGEMENT PROCESS FOR ALARMS (>3SD)

Table 1: Outlier notification stages for alarms (England only)

Stage	Alarm level (>3SD) actions	Owner	Within working days
1	<p>Healthcare providers with a performance indicator at alarm level require careful scrutiny of the data handling and analyses performed to determine whether there is:</p> <p><i>'No case to answer'</i></p> <ul style="list-style-type: none"> • 'alarm' status not confirmed • data and results revised in NCA records • details formally recorded and process closed. <p><i>'Case to answer'</i></p> <ul style="list-style-type: none"> • potential 'alarm' status • <i>proceed to stage 2.</i> 	NCAPOP provider team	10
2	Healthcare provider Lead Clinician informed about potential 'alarm' status and asked to identify any data errors or justifiable explanation(s). All relevant data and analyses should be made available to the Lead Clinician. A copy of the request must be sent to the healthcare provider CEO and Medical Director.	NCAPOP provider Clinical Lead	5
3	Healthcare provider Lead Clinician to provide written response to NCAPOP provider team.	Healthcare provider Lead Clinician	25
4	<p>Review of Healthcare provider Lead Clinician's response to determine:</p> <p><i>'No case to answer'</i></p> <ul style="list-style-type: none"> • It is confirmed that the data originally supplied by the healthcare provider contained inaccuracies. Re-analysis of accurate data no longer indicates 'alarm' status. • Data and results should be revised in NCAPOP provider records incl. details of the healthcare provider's response. • Healthcare provider Lead Clinician notified in writing copying in healthcare provider CEO and Medical Director and process closed. <p><i>'Case to answer'</i></p> <ul style="list-style-type: none"> • Although it is confirmed that the originally supplied data were inaccurate, analysis still indicates 'alarm' status; 	NCAPOP provider Clinical Lead	20

Stage	Alarm level (>3SD) actions	Owner	Within working days
	<p>or</p> <ul style="list-style-type: none"> It is confirmed that the originally supplied data were accurate, thus confirming the initial designation of 'alarm' status. <i>proceed to stage 5</i> 		
5	<p>Contact healthcare provider Lead Clinician by telephone, prior to sending written notification of confirmed 'alarm' status to healthcare provider CEO and copied to healthcare provider Lead Clinician and Medical Director. All relevant data and statistical analyses, including previous response from the healthcare provider Lead Clinician, made available to healthcare provider Medical Director and CEO.</p> <p>Notify CQC¹, HQIP² and NHSI³ of confirmed 'alarm' status.</p> <p>Healthcare provider CEO informed that the NCAPOP provider team will publish information of comparative performance which will identify healthcare providers.</p>	NCAPOP provider Clinical Lead/team	5
6	Acknowledge receipt of the written notification confirming that a local investigation will be undertaken and copy in the CQC ¹ .	Healthcare provider CEO	10
7	If no acknowledgement received, a reminder letter should be sent to the healthcare provider CEO, copied to CQC ¹ and HQIP ² . If not received within 15 working days, CQC ¹ and NHS Improvement ³ notified of non-compliance in consultation with HQIP ² .	NCAPOP provider team	15
8	Public disclosure of comparative information that identifies healthcare providers (e.g. NCAPOP provider annual report, data publication online).	NCAPOP provider team	<i>NCAPOP provider report publication date</i>

¹ Via clinicalaudits@cqc.org.uk and copy David.Harvey@cqc.org.uk

² Via HQIP PM and AD, see the HQIP website for contact details: www.hqip.org.uk/about-us/our-team/

³ Via nick.clarke2@nhs.net

- The audit should proceed to publishing the associated annual report including named outliers as per normal SRP processes.
- The following text should be included in the annual report (and anywhere else where outliers are named):
'Due to the Covid-19 pandemic in spring/summer 2020, the outlier policy for this report has been amended in line with NHS-wide changes to reduce burden on frontline clinical teams. The amended outlier policy can be found [here](#) {provider to insert link to audit's amended outlier policy}. The escalation steps which focus on the provision of comparative information to clinical teams and their healthcare provider organisations have been retained, but the wider regulatory checks and balances which normally feature have been reduced. This is in keeping with a system-wide reduction in regulatory activities at this time.'

4. COVID-19 outlier restart process 09-07-2020 – review process at six months from restart.