RCPCH Detection and Management of Outlier Status for Clinical Indicators in National Clinical Audits

V3.0 Last updated: July 2019

Review date: Sept 2020
Introduction

This document provides an overarching outlier policy statement for the national audit programmes managed and maintained by the Royal College of Paediatrics and Child Health (RCPCH). The outlier process is used to facilitate clinical improvement and reduce variation in practice by using audit data to identify areas where improvement may be required and to encourage units to use quality improvement methodologies.

The policy sets out:

- the process by which data submitted by participating providers to the audits will be analysed to detect potential outlier status (data that falls outside a predefined range) defined by each individual audit
- the process by which the RCPCH audit team will engage with any data provider to the audit and relevant regulator, if data is identified as reaching outlier status.

The RCPCH has agreed analytical models for identifying outliers as part of the statistical and analytical plan for each audit, but as a general principle the College bases the actions regarding outliers upon the Healthcare Quality Improvement Partnership (HQIP) 2017 guidance for management of outliers, Detection and management of outliers for National Clinical Audits.

RCPCH managed audits include:

- National Paediatric Diabetes Audit (NPDA)
- National Neonatal Audit Programme (NNAP)
- National Epilepsy and Seizures Audit (Epilepsy12)

1. Choice of performance indicators for outlier analysis

Performance indicators should be defined by the RCPCH Methodology and Dataset Groups and endorsed by the Project Board for each individual clinical audit. The performance indicators should:

- be valid and accepted measures of a provider's quality of care
- have clear relationships with quality of care
- occur frequently enough to provide sufficient statistical power for analysis to identify outlying performance.

The performance indicators should be based on professional standards, NICE guidelines, research evidence and audit board and methodological consensus.

Changes to evidence and guidelines are considered but dataset changes take some time to filter through to audit. Therefore, dataset changes and outlier performance indicators are
subject to continual review, implementation planning and may be selected depending on participating provider data capture and clinical system updates.

The type and number of performance indicators set by each audit should not become a burden to the audit or the units. They should be limited to measures which can drive meaningful improvement and not those which may highlight country or system wide deficiencies, which could otherwise be highlighted within normal reporting and recommendation methods.

The audit boards must be mindful of the burden on clinical staff and any consequent risk to patient care of highlighting a significant outlier status and ensure that there is sufficiently robust data available to be collected and analysed to support selected measures.

2. **Choice of target (expected performance)**

The expected performance may be based either on external sources, (research evidence, clinical judgment and audit data from elsewhere), or on internal sources, (such as average performance of all data providers to the audit, though it may exclude the provider in question or outliers as statistically appropriate). Generally, the target will reflect process, structure or outcome for a given participating provider and be agreed by the audit board.

3. **Data quality**

Three aspects of data quality are considered:

- Case ascertainment: number of patients included compared to number eligible, derived from external data sources. This affects how representative the results are.
- Data completeness: specifically minimising missing performance indicator data and data on patient characteristics required for case-mix adjustment and a consideration of how missing data can skew results
- Data accuracy: tested using consistency and range checks, and if possible external data sources.

The systems used by RCPCH-managed audits to capture participating provider data vary, but all have built-in assessment of data completeness and data quality. This enables clinical leads of data providers to the audit, to assess and improve data completeness and data accuracy for any patient included the audit before the final data is submitted.

4. **Case-mix (risk) adjustment**

Comparison of providers takes account of differences in the case-mix of patients between participating data providers by adjusting for known, measurable patient factors that are associated with the performance indicator where appropriate.

For example, within the NPDA, HbA1c (a marker of diabetes control associated with long-term complication risk) is adjusted using a regression model. The model takes into account
all statistically significant patient factors known to impact on this outcome that are deemed outside the participating data providers’ control. For pure process measures such as ‘the percentage of patients receiving all key care processes within each unit’, no adjustment is required since these should be offered and received by all patients irrespective of their characteristics.

Where adjustment is deemed appropriate it is agreed and signed off by the methodology and dataset group for each audit and explained fully to participating providers.

5. Detection of a potential outlier

Statistically derived limits around the target (expected) performance or where a national clinical standard is fixed and not aspirational, should be used to define whether a participating data provider is a potential outlier. More than two standard deviations (SD) from the target is deemed an ‘alert’; more than three standard deviations is deemed an ‘alarm’. Although it is the ‘alarm level’ alerts which will trigger outlier status reportable to the Care Quality Commission (CQC) in England and the Scottish and Welsh Governments, the outlier metric data is sent to these bodies to populate trust dashboards for both alert and alarm level outliers.

The planned methodology for detection and final outlier selection may vary by audit but all selected measures will be limited to those of greatest effect and aimed at reducing variation, as agreed by the audit project board and governed by the Royal College of Paediatrics Child Health Quality Improvement Committee (QIC).

6. Management of a potential outlier

The RCPCH hosted audit project board has a duty to identify outliers with respect to appropriate measures and to report these. Those identified at ‘alarm level’ (identified at 3 SD or more) will also be reported via the public facing online reporting systems.

- In England for all alarm level outliers; the CQC expect to see evidence of appropriate initial and substantive action plans. The CQC will consider the data as part of its monitoring process. The CQC will not usually take regulatory action if organisations are responding appropriately to each stage of the outlier management process at alert and alarm level.

- In Wales for all alarm level outliers; the Welsh Government monitors the actions of organisations responding to outliers and takes further action as and when required. Health Inspectorate Wales (HIW) does not act as regulator and cannot take regulatory action in relation to NHS providers. However, HIW can request information on the actions undertaken by organisations to ensure safe services are being delivered. The Welsh Government can share information with HIW where appropriate and advise on the robustness of plans in place to improve audit results and outcomes.
• In Scotland for all alarm level outliers; the Scottish National Audit Programme (SNAP) Governance Process should be adopted which describes the full process and expectation of NHS Boards or contributors who have been identified as an outlier.

Those providers identified at ‘alert level’ (normally identified at 2 SD) will not be subject to the outlier management process, but will be identified, notified and reported as such to regulators.

The audit annual report and online outputs show comparisons of performance indicators with other hospitals/units/regions and where appropriate nations. All results are in the public domain once the main national annual report has been published.

Management of a potential outlier involves several people:

• National Clinical Audit supplier: the team responsible for managing and running the audit nationally.
• National Clinical Lead for Audit: person responsible for the audit
• Local lead audit clinician: clinician contact in the provider organisation
• Provider organisation medical director and chief executive

Each audit project board will develop and agree a plan for each reporting period, to action outlier status notifications, in line with the table below but specific to the requirements of the particular audit.
### Stage 1

**What Action?**

The process underpinning the analysis of the outlier metric data of identifying the 'alarm' and 'alert' outliers will be validated:

At which point the audit will be satisfied that there is a 'case to answer' for those identified.

A designation of potential outlier status will be annotated against identified units and they will progress to stage 2 where alarm level outliers will follow the agreed process and alert level outliers will follow a management plan set out by the individual audit.

<table>
<thead>
<tr>
<th>Who</th>
<th>Working Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCPCH audit team</td>
<td>10</td>
</tr>
</tbody>
</table>

### Stage 2

**What Action?**

The clinical lead in the participating provider is informed, (Template letter 1 - Appendix A), about the potential outlier status at ‘Alarm Level’ and requested to identify any data errors associated with the data analysis. They are also asked to discuss the finding with senior management including the CEO in advance of communication from the audit team to the CEO in stage 6 should there be a case to answer.

All relevant data and analyses details can be made available to the clinical lead and queries will be prioritised and answered promptly.

RCPCH audit teams will inform the Scottish Government (via nss.SNAP@nhs.net) and Welsh Government (via wgclinicalaudit@gov.wales) of alarm level outliers as requested by these national governments. This notification of potential outliers is for information only to the relevant government policy lead. **No** immediate action is requested or expected at this stage.

<table>
<thead>
<tr>
<th>Who</th>
<th>Working Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCPCH audit team</td>
<td>5</td>
</tr>
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</table>

### Stage 3

**What Action?**

Clinical lead in the participating provider to provide written response to the RCPCH audit team acknowledging the potential outlier status, responding to queries regarding the data analysis identified in Step 2 and confirmation that discussions with senior management **have** taken place.

<table>
<thead>
<tr>
<th>Who</th>
<th>Working Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participating provider clinical lead</td>
<td>25</td>
</tr>
<tr>
<td>4</td>
<td>Review of response from the clinical lead in the participating provider to determine if there is:</td>
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<tr>
<td>---</td>
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<tr>
<td>'No case to answer'</td>
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<tr>
<td>• If it is confirmed that there was data error within the data originally supplied which was outside the control of the submitting unit. Re-analysis of accurate data may be considered and published if possible depending upon timing and impact. But an indication <strong>will</strong> always be made stating that an outlier status is unlikely.</td>
<td>RCPCH audit team</td>
</tr>
<tr>
<td>• Data and results should be annotated within RCPCH audit records at this stage and within details of the provider’s response and the subsequent reports online and any CQC slides generated.</td>
<td>10</td>
</tr>
<tr>
<td>'Case to answer'</td>
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</tr>
<tr>
<td>• If is confirmed that although the data originally supplied by the participating provider were inaccurate and analysis still indicates outlier status under exceptional circumstances mitigation messages can be annotated onto the online reporting; for example, equipment calibration failures or IT system errors.</td>
<td></td>
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<tr>
<td>or</td>
<td></td>
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<td>• It is confirmed that the originally supplied data were accurate, thus confirming the initial designation of outlier status.</td>
<td></td>
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<tr>
<td>They will proceed to Stage 5</td>
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</table>

<table>
<thead>
<tr>
<th>5</th>
<th>Contact clinical lead of the participating provider, (Template Email 1 – Appendix A) to confirm outlier status and advise of next steps. Clinical lead to be reminded to discuss their result with their Chief Executive and Medical Director.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>RCPCH audit team or clinical lead</td>
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<tr>
<td>2</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>6</th>
<th>Written confirmation of alarm status to be sent to the CEO and copied to clinical lead, Medical Director, and regional network manager (where applicable).</th>
</tr>
</thead>
<tbody>
<tr>
<td>All relevant data and statistical analyses, including previous response from the clinical lead of the participating provider, will be made available to the Medical Director and CEO in writing, (Template Letter 2 – Appendix A), with copies going to the Clinical Lead and Regional Network Manager.</td>
<td>RCPCH audit team or clinical lead</td>
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<td>3</td>
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</table>
Within this letter the CEO will also be informed of the publication schedule and that information of comparative performance that will identify their participating provider.

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<table>
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<th></th>
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<tbody>
<tr>
<td>7</td>
<td>RCPCH Audit teams will inform the CQC (<a href="mailto:clinicalaudits@cqc.org.uk">clinicalaudits@cqc.org.uk</a>) of alarm level outliers in England and the participating provider CEO will be advised to inform commissioners and NHS Improvement (<a href="mailto:nhs.imedicadirectorate@nhs.net">nhs.imedicadirectorate@nhs.net</a>) (Template Email 2 - Appendix A).</td>
</tr>
<tr>
<td></td>
<td>RCPCH audit team or clinical lead</td>
</tr>
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<td>3</td>
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<tr>
<td></td>
<td>RCPCH audit teams will inform the Welsh Government (<a href="mailto:wgclinicalaudit@gov.wales">wgclinicalaudit@gov.wales</a>) of alarm level outliers in Wales.</td>
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<td></td>
<td>RCPCH audit teams will inform the Scottish Government (<a href="mailto:nss.SNAP@nhs.net">nss.SNAP@nhs.net</a>) of alarm level outliers in Scotland.</td>
</tr>
<tr>
<td>8</td>
<td>Acknowledgement of receipt of the letter confirming that a local investigation <strong>will be</strong> undertaken with independent assurance, (identified at provider level).</td>
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<tr>
<td></td>
<td>Providers in Wales are expected to copy in the Welsh Government (<a href="mailto:wgclinicalaudit@gov.wales">wgclinicalaudit@gov.wales</a>)</td>
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<td></td>
<td>Providers in Scotland are expected to copy in the Scottish Government (<a href="mailto:nss.SNAP@nhs.net">nss.SNAP@nhs.net</a>)</td>
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<td></td>
<td>Providers in England are expected to copy in the CQC and provide a realistic initial action plan by the planned date of report publication submitted directly to (<a href="mailto:clinicalaudits@cqc.org.uk">clinicalaudits@cqc.org.uk</a>)</td>
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<tr>
<td></td>
<td>In England the CQC will assess this plan and ensure that outliers are pro-actively implementing strategies to move them away from outlier status in future audit rounds.</td>
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<td></td>
<td>Please note that the CQC expect to see evidence of appropriate initial and substantive action plans which they will assess. The plans can be developmental but need to be realistic. The CQC will not usually take regulatory action if organisations are responding appropriately to each stage of the outlier management process.</td>
</tr>
<tr>
<td></td>
<td>Participating provider CEO, tracked by the audit team.</td>
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<tr>
<td></td>
<td>Description</td>
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<tr>
<td>9</td>
<td>If no acknowledgement received, a reminder letter will be sent to the clinical lead of the participating provider copying in the CEO and the CQC. (Template Letter 3 – Appendix A) If an acknowledgement is not received within 5 working days, the relevant government agency will be notified of non-compliance; CQC and NHS Improvement in England, Scottish and Welsh Governments. (Template Email 3 – Appendix A)</td>
</tr>
<tr>
<td>10</td>
<td>Public disclosure of comparative information identifying providers through planned reporting and online reporting tools in line with the NHSE Standard Reporting Procedure.</td>
</tr>
</tbody>
</table>
7. **Management of outlier status - alerts and alarms**

Clinical teams and governance leads need to understand the meaning of these terms and the responses that they will require. Identification and definitions for specific outlier selection will be defined within each individual audit.

Participating data providers should be aware that while the RCPCH audit team has a duty to report on the data it holds, the RCPCH is not responsible for the accuracy and completeness of the data submitted. This responsibility rests with the clinical teams/hospitals/sites/NHS trust providing the service to patients. Issues with clinical audit data, whether; case ascertainment, data completeness or data quality must be addressed by the participating provider/trust concerned.

The audits will support the units by identifying areas where data submission requires improvement, whilst providing consistent analysis and case mix adjustment of all data received from units and in making the reports on structure, process and outcomes of care, publicly available.

8. **The role of the RCPCH audit team**

The primary role of the RCPCH audit team is to support clinical teams in providing high-quality, robust clinical audit data. It is anticipated that outlier status will be triggered rarely and that regular, transparent and accessible reporting will help to drive up clinical quality.

Where such triggers are activated, the RCPCH audit team will seek to support and provide additional help to providers wanting to review data entry and quality. Participating data providers or clinicians with concerns about data quality are urged to contact the RCPCH audit team at the RCPCH at the earliest opportunity to discuss them. It is not the role of the RCPCH audit team to performance manage units that are identified as having outlier status.
Appendix A – Template Communications

Template letter 1 (stage 2): Notification of provisional outlier status to provider clinical lead

Name
Address line 1
Address line 2
Address line 3
Postcode
Country

[Date]

Dear [NNAP lead name],

Provisional notification of low outlier status for [Audit name] [audit year] measures

As part of its annual reporting process the [audit name] conducts unit level outlier analysis on [description of measures subject to outlier status]. The purpose of the outlier process is to identify and highlight variation, enable local review of the causes of that variation and stimulate quality improvement.

Since outlier status is defined statistically, there will inevitably always be a small number of units whose results show them as outliers for any specific measure. However, it is crucial that all stakeholders and organisations understand that while units could have outlying results, this does not automatically mean that there are performance issues. Furthermore, where verified results do show units to be outlying for specific processes, this should be viewed as the beginning, or continuance, of a quality improvement process.

[Paragraph describing data quality assurance process to date, i.e. for the NNAP, details of the quarterly reporting review period.]

The [Audit name] defines outlier status as being outside of 2 or 3 standard deviations from the expected performance level (National mean, after adjustment where necessary). Depending on the measure, negative and positive outlier status can be defined. For negative outlier status ‘alert’ status is defined as outside 2 standard deviations from the performance mean and ‘alarm’ when outside of 3 standard deviations. For positive outlier status ‘excellent’ or ‘outstanding’ performance are defined respectively.

Analysis suggests that [unit name] is an outlier at alarm level (negative outlier status by 3 or more standard deviations from the expected performance) for the audit measure [measure name].

[results table]

What do you need to do next?

The process for notifying and managing outliers follows a staged process:

For full details, (please see the enclosed RCPCH policy, Detection and Management of Outlier Status for Clinical Indicators in National Clinical Audits.

As a next step, please write to us by [DATE] to acknowledge the potential outlier status for [measure name], and confirm that you will discuss the status with senior management, including your trust Chief Executive and your Medical Director, who will be notified of your unit’s outlier status in due course. If you feel that there could be an error with your identification as an outlier, please contact us as soon as possible before this deadline.

RCPCH July 2019 Outlier Management Policy V3.0 FINAL
Please also supply the names of your Chief Executive and Medical Director, and their Trust addresses by return.

Please write to us at [contact details].

The [audit name] participates in the National Clinical Audit Benchmarking (NCAB) project, a collaboration between the Healthcare Quality Improvement Partnership (HQIP) and Care Quality Commission (CQC), Scottish and Welsh Governments (depending upon the audit), and the Clinical Outcomes Publication initiative.

The planned publication date [report name] is [publication date]. Outliers will be identifiable on [NNAP Online/NPDA Results Online], which will be updated on launch of the report.

Yours sincerely,

[Clinical lead signature, name and position]

[Project manager signature, name and position]

Encl. RCPCH, Detection and Management of Outlier Status for Clinical Indicators in National Clinical Audits.
Template email 2 (stage 5): Acknowledgement to clinical lead ahead of confirmation of outlier status.

Dear [clinical lead name],

Thank you for responding to the letter notifying you of provisional outlier status for one or more outlier measures in the [audit name].

As a next step, we will write to the Chief Executive of your trust/health board to confirm outlier status, copying in the Medical Director, and your regional network manager. We will also notify the [Care Quality Commission (England)/Welsh Government (Wales)/Scottish Government (Scotland)] to confirm outlier status.

*Please note that the CQC and Governments of the Devolved Nations expect to see evidence of appropriate initial and substantive action plans which they will assess. The plans can be developmental but need to be realistic and appropriate. The CQC and Devolved Governments will not usually take regulatory action if organisations are responding appropriately to each stage of the outlier management process.*

Yours sincerely,

[Project manager name]
Dear [CEO name],

**Confirmation of negative outlier status for [audit name] [audit year] measures**

We recently wrote to [clinical lead name], clinical lead for the [service name, unit name] to notify them of provisional negative outlier status for one or more [audit name] measures.

We received acknowledgement from the clinical lead along with [other information provided, e.g. discussion with senior management, action plans]. We are now writing to confirm the outlier status and to advise you of next steps.

As part of its annual reporting process the [audit name] conducts unit level outlier analysis on [description of measures subject to outlier status]. The purpose of the outlier process is to identify and highlight variation, enable local review of the causes of that variation and stimulate quality improvement.

Since outlier status is defined statistically, there will inevitably always be a small number of units whose results show them as outliers for any specific measure. However, it is crucial that all stakeholders and organisations understand that while units could have outlying results, this does not automatically mean that there are performance issues. Furthermore, where verified results do show units to be outlying for specific processes, this should be viewed as the beginning, or continuance, of a quality improvement process.

[Paragraph describing data quality assurance process to date, i.e. for the NNAP, details of the quarterly reporting review period]

The [Audit name] defines outlier status as being outside of 2 or 3 standard deviations from the expected performance level (National mean, after adjustment where necessary). Depending on the measure, negative and positive outlier status can be defined. For negative outlier status ‘alert’ status is defined as outside 2 standard deviations from the performance mean and ‘alarm’ when outside of 3 standard deviations. For positive outlier status ‘excellent’ or ‘outstanding’ performance are defined respectively.

We can confirm that [unit name] is an outlier at alarm level (negative outlier status by 3 or more standard deviations from the expected performance) for the audit measure [measure name].

[results table]

**What do you need to do next?**

The [audit name] follows an outlier management process aligned with the RCPCH and the Healthcare Quality Improvement Partnership (HQIP) guidance Detection and management of outlier for National Clinical Audits. The RCPCH policy is enclosed.

As a next step, please acknowledge receipt of this letter by [DATE], copying in the [SELECT RELEVENT CONTACT – ENGLAND Care Quality Commission via clinicalaudits@cqc.org.uk]  [WALES Welsh Government via wgclinicalaudit@gov.wales]  [SCOTLAND Scottish Government (via nss.SNAP@nhs.net)]

RCPCH July 2019 Outlier Management Policy V3.0 FINAL
Please note that the [SELECT RELEVANT CONTACT] expect to see evidence of appropriate initial and substantive action plans. Please send a copy of your action plan directly to the [SELECT RELEVANT CONTACT] by [DATE]. The [SELECT RELEVANT CONTACT] will not usually take regulatory action if organisations are responding appropriately to each stage of the outlier management process.

We also advise you to inform commissioners and NHS Improvement (via the email address nhsi.medicaldirectorate@nhs.net).

Please write to us at [contact details].

The [audit name] participates in the National Clinical Audit Benchmarking (NCAB) project, a collaboration between the Healthcare Quality Improvement Partnership (HQIP) and Care Quality Commission (CQC), Scottish and Welsh Governments (depending upon the audit), and the Clinical Outcomes Publication initiative.

The [report name] will be published on [publication date]. Outliers will be identifiable on [NNAP Online/NPDA Results Online], which will be updated on launch of the report.

Yours sincerely,

[Clinical lead signature, name and position]

[Project manager signature, name and position]

CC: [Clinical lead, Medical director, CQC/Welsh/Scottish Government, Regional network manager]

Encl.
- RCPCH, Detection and Management of Outlier Status for Clinical Indicators in National Clinical Audits.
- [Any relevant emails/documents previously provided by the clinical lead].
Template letter 3: Reminder letter to clinical lead following confirmation of outlier status to the chief executive

Name
Address line 1
Address line 2
Address line 3
Postcode
Country

[Date]

Dear [clinical lead name],

Reminder: Confirmation of low outlier status for [audit name] [audit year] measures

We recently wrote to the trust/health board Chief Executive to confirm the outlier status for one or more measures in the [audit name].

We asked the Chief Executive to acknowledge receipt of this letter by [DATE], copying in copying in the [SELECT RELEVANT CONTACT – ENGLAND Care Quality Commission via clinicalaudits@cqc.org.uk] [WALES Welsh Government via wgclinicalaudit@gov.wales] [SCOTLAND Scottish Government (via nss.SNAP@nhs.net)] and to then provide an action plan directly to the [SELECT RELEVANT CONTACT] by [DATE].

We have not yet received a response. Please can you ensure that an acknowledgement is sent to us by [DATE]. If we don’t receive a response by this date, we will advise the [CQC/Welsh/Scottish Government] accordingly.

The [report name] will be published on [publication date]. Outliers will be identifiable on [NNAP Online/NPDA Results Online], which will be updated on launch of the report.

Yours sincerely,

[Clinical lead signature, name and position]

[Project manager signature, name and position]
Template email 2 (stage 7): Confirmation of alarm level outliers to the CQC/Welsh/Scottish Government

To: clinicalaudits@cqc.org.uk / wgclinicalaudit@gov.wales / nss.SNAP@nhs.net

Subject: Notification of outlying providers at 3SD (alarm level) in the [audit name]

Dear colleague,

The [audit name] is currently undertaking its outlier management process for [year] data in line with the RCPCH policy for the Detection and Management of Outlier Status for Clinical Indicators in National Clinical Audits.

We are writing to confirm that the following providers have been identified as outliers for audit measures included in the [audit name]:

<table>
<thead>
<tr>
<th>Unit name</th>
<th>Trust/Health board</th>
<th>Audit measure</th>
</tr>
</thead>
</table>

Chief executives at the above provider organisations have been asked to acknowledge their outlier status, copying in the [CQC/Welsh/Scottish Government] by [DATE], and to provide an action plan directly to you by [DATE].

Regards.

[Project manager]
Template email 3 (stage 9): Notification of non-responding outliers to the CQC/Welsh/Scottish Government

To: clinicalaudits@cqc.org.uk / wgclinicalaudit@gov.wales / nss.SNAP@nhs.net

Subject: Notification of non-responding outlying providers in the [audit name]

Dear colleague,

Following on from our previous email notifying you of the providers who have been identified as outliers in the [audit name], we are writing to advise you that the chief executives of the following providers have not responded to acknowledge outlier status.

<table>
<thead>
<tr>
<th>Unit name</th>
<th>Trust/Health board</th>
<th>Audit measure</th>
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</table>

The [audit name] has completed its outlier management process in line with the RCPCH policy for the Detection and Management of Outlier Status for Clinical Indicators in National Clinical Audits. We trust you will follow up directly with the provider. Regards.

[Project manager]