

RCPCH Detection and Management of Outlier Status for Clinical Indicators in Epilepsy12

V5.0 Last updated: November 2021

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Version	Update (section)
V5.0	<ul style="list-style-type: none">- Stating two outlier metrics for use in Epilepsy12 (1)- Addition of methodology for funnel plots with non-normal data distributions (5)

Introduction

This document provides an overarching outlier policy statement for the Epilepsy12 national audit programme 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 the Epilepsy12 audit. This 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](#).

1. The Epilepsy12 performance indicators for outlier analysis

Epilepsy12 uses three performance indicators for the outlier analysis:

Epilepsy Specialist Nurse: The proportion of children and young people diagnosed with epilepsy that were seen by an Epilepsy Specialist Nurse in their first year of care.

Epilepsy specialist nurse is equal to the total number of children and young people diagnosed with epilepsy at first year AND who had input from by an epilepsy specialist nurse within the first year divided by the total number of children and young people diagnosed with epilepsy within the first year of care.

Tertiary input -The proportion of children and young people diagnosed with epilepsy that had tertiary input in their first year of care.

Tertiary input is equal to the total number of children and young people diagnosed with epilepsy with input of tertiary care and/or CESS referral within the first year of care divided by the total number of children and young people diagnosed with epilepsy and meeting the defined criteria for paediatric neurology referral.

Ascertainment (*Note: this measure has been temporarily suspended and will not be used for outlier analysis in 2022*): The proportion of children and young people registered into Epilepsy12 who were verified on the audit data system by their NHS Health Board/Trust.

Ascertainment is equal to the total number of children and young people verified in the audit by their NHS Health Board/Trust, divided by the total number of children and young people registered.

2. How the indicators for outlier analysis are selected

Performance indicators were defined by the Epilepsy12 Methodology and Dataset Groups and endorsed by the Project Board for the audit. The performance indicators selection sought effective indicators which provide:

- a measure that the results are robust and representative of eligible patients,
- valid and accepted measures of a provider's quality of care which are included in the Epilepsy12 audit's Key Performance Indicators,
- occur frequently enough to provide sufficient statistical power for analysis to identify outlying performance.

The indicators were suitable if they were demonstrated to 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 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 board will 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.

3. 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.

Epilepsy12 calculates the proportion of cases at each NHS Health Board or Trust which meet the criteria of the performance indicator. For example, the proportion of children who had an epilepsy diagnosis and were seen by a specialist paediatrician, compared to those who had an epilepsy diagnosis but were not seen by a specialist paediatrician (in the first 12 months of their care). The mean (average) proportion for England and Wales is calculated to provide the level of 'expected performance' for each indicator.

The outlier analysis focuses on the variation of the proportions in each Trust or Health Board around this performance average for England and Wales. The pattern and spread of these values is taken into account by calculating measures of standard deviation from the mean, which is how Epilepsy12 identifies 'outlier' results which fall outside of the range of expected performance. In Epilepsy12, the range of 'expected performance' are the values which are within two standard deviations of the average for England and Wales.

A case-mix adjustment model is used by some national audits to calculate adjustments to the data to take into account statistically significant patient factors known to impact on a clinical outcome (note: only factors that are deemed outside the participating data providers' control). Epilepsy12 does not apply a case mix adjustment in the outlier process.

4. Data quality

The following 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: review any missing performance indicator data and data on patient characteristics required for a consideration of the risk of bias from missing data.
- Data accuracy: tested using consistency and range checks.

The Epilepsy12 data submission platform used by the audit to capture participating provider data have built-in validations to check data completeness and data quality. Further data cleaning and checks are undertaken by the audit team and clinical lead, following a data download and prior to analysis.

5. Detection of a potential outlier

Epilepsy12's methodology uses funnel plots for outlier detection. This is a method often used in healthcare settings. For each of the three outlier metrics, each Trust or Health Board's data is plotted as a point on scatterplot chart, with lines marking distance from the average result. These lines make a 'funnel' shape, and help identify results that are

unusually high or low. The lines are calculated at two and three standard deviations from the mean.

Detection of potential outliers in Epilepsy12 use statistically derived limits around the target (expected) performance or relevant target set in a national clinical standard. More than two standard deviations (SD) from the target is deemed an 'alert'; more than three standard deviations are deemed an 'alarm'. For positive outlier status 'excellent' or 'outstanding' performance are defined respectively at two and three standard deviations above the target (expected) performance.

'Alarm level' results indicate a potential outlier status, and will be managed by the process described in section 6. Outlier metric data is shared with Care Quality Commission (CQC) in England and Welsh Government to populate trust dashboards for both alert and alarm level outliers.

Analysis approach for different data distributions

Without adjustment, funnel plots are calculated based on a specific pattern of the frequency of data values called a 'normal' distribution, which is sometimes also called a 'bell curve' due to the shape it forms. In this type of distribution, most observations (data points) are clustered either side of a central 'mean' (average) to form the central peak of the bell curve. A minority of the observations are evenly split onto either side of the mean to form the tails of the bell curve.

For example, Figure 1. Illustrates a typical funnel plot where the data points are close to or normally distributed; the points are clustered around the central mean and evenly spread to each side.

As the number of total operations increases, you would expect the 30-day mortality rate to congregate closer to the mean and within the 2 standard deviation limits due to lesser variance between Trusts. Conversely, performing a lower number of total operations is likely to have a 30-day mortality rate further away from the mean due to higher possible variance between trusts. The higher variation is accounted for and creates a funnel shape using the 2 and 3 standard deviation limit lines; the funnel is wider where expected variation is greater, and narrower as expected variation decreases. Trusts that fall outside these limit lines of 2 or 3 standard deviations could be considered outliers.

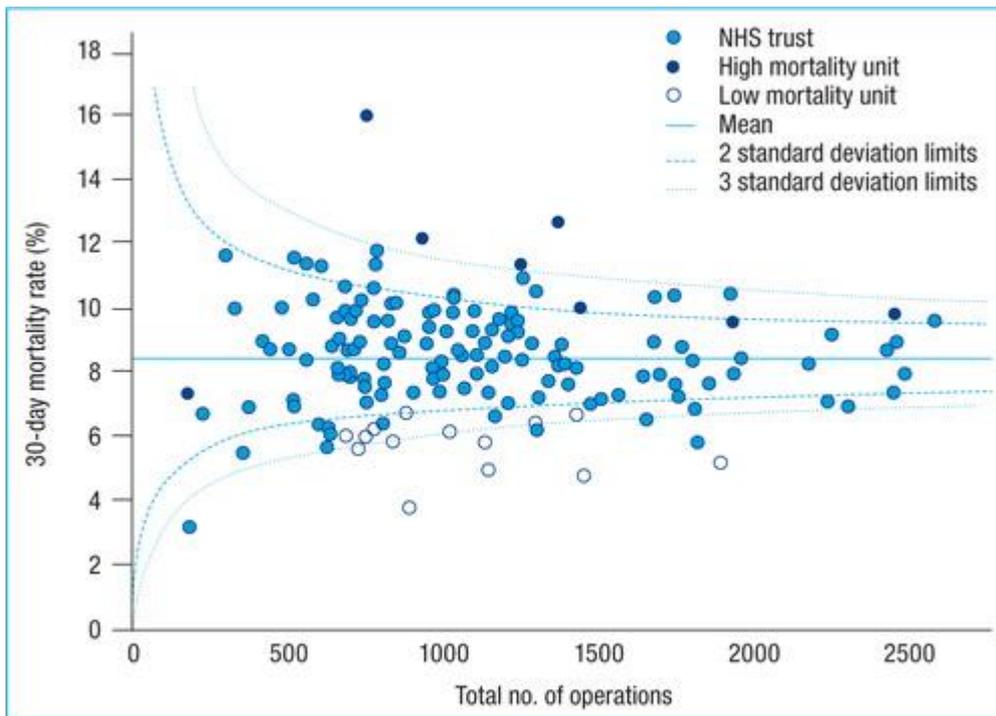


Figure 1. Funnel plot illustrating mortality rate based on number of operations - <https://www.magonlineibrary.com/doi/abs/10.12968/hmed.2018.79.10.578>

However in Epilepsy12, we expect some of the selected performance indicator data will not follow a 'normal' distribution. As a result, plotting the boundaries of the funnel plot as they are in Figure 1, equally spaced from either side of the mean, would not reflect the pattern of the data. This could be misleading, especially for services with smaller patient numbers where we would expect greater variation from an average. Therefore for Epilepsy12, where our data quality tests identify non-normally distributed data we will apply an adjustment to the funnel plots to better set the limit lines.

This would adjust the 2 and 3 standard deviation 'limit lines' to reflect the pattern of distribution in the data. There are several methods which can be used to adjust the standard deviation lines; previous Epilepsy12 data has been tested with applying a beta or binomial function to the standard deviation lines. We may use other methods of adjustment if beta or binomial functions are not appropriate to a given set of data.

Figure 2 is an example of how applying a Beta function to the standard deviations can change the shape of the funnel to better fit the data. In this example, the values above the mean (central dotted line) appear to have a high variance – that is they are spread further apart - compared to those below the mean. The Beta adjustment stretches the funnel shape wider above the mean to account for this variance and to better fit the data points. Likewise, if the variance was wider below the mean, the lines marking standard deviations would be adjusted wider to account for this.

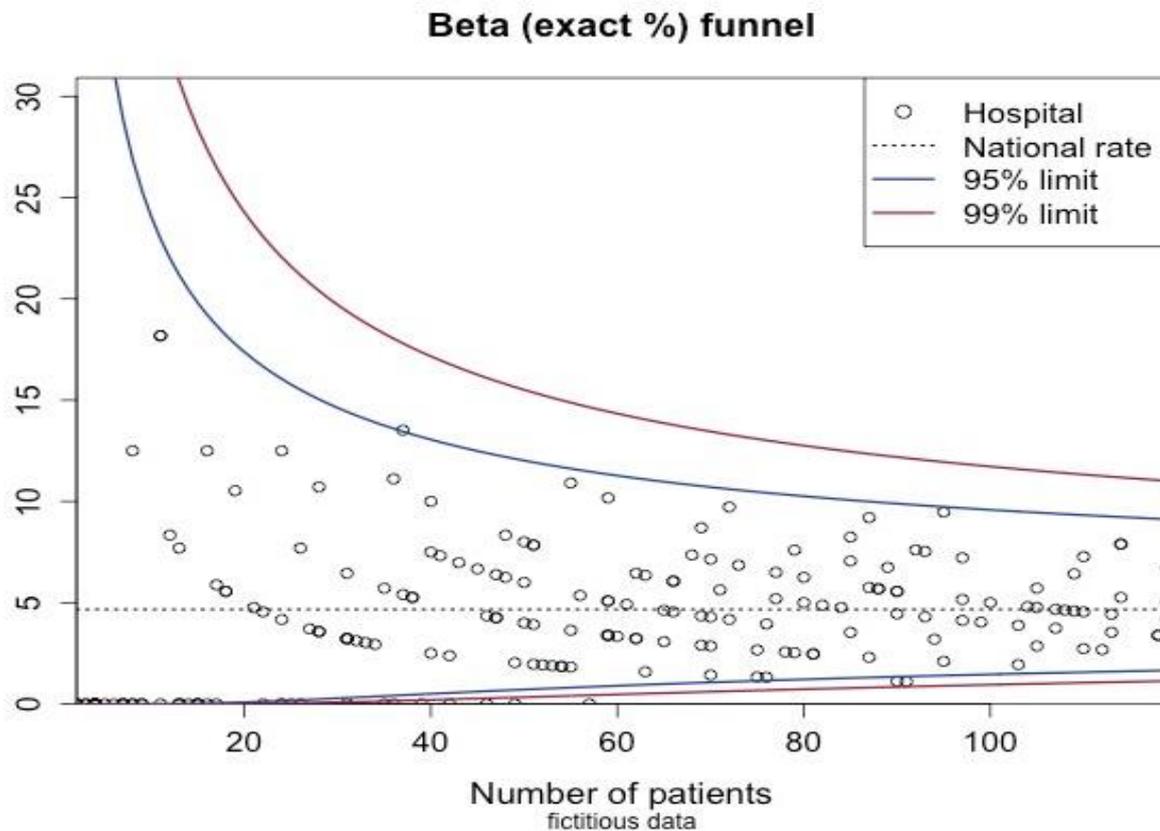


Figure 2. Beta funnel plot for non-normally distributed data

6. Management of a potential outlier

The RCPCH hosted Epilepsy12 Project Board has a duty to identify potential outliers with respect to appropriate measures. Epilepsy12 will share this with CQC to consider as part of its monitoring process.

- In England for all alarm level outliers; 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. The CQC expect to see evidence of appropriate initial and substantive action plans.
- 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. 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.

Those providers identified at 'alert level' (normally identified at 2 SD) will not be subject to the outlier management process, but will be identified and the unit will be notified of the

result. Alert level results are shared with CQC and the Welsh Government for their information.

The audit annual report and online outputs show comparisons of performance indicators between NHS Trusts/Health Boards, epilepsy network ('OPEN UK') regions and nations. All results are in the public domain once the main national annual report has been published (note: small number policies apply, and some results may be redacted in the public domain for confidentiality of patient data).

Management of a potential outlier involves several people:

- National Clinical Audit provider: the RCPCH Epilepsy12 team who are responsible for managing and running the audit nationally.
- National Clinical Lead for Audit: Dr Colin Dunkley
- Epilepsy12 Designated Leads: local clinicians designated as the lead contact for the audit in each NHS Trust/Health Board
- NHS provider organisation medical director and chief executive

The Epilepsy12 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 audit.

Stage	What Action?	Who	Working Days
1	<p>The process underpinning the analysis of the outlier metric data of identifying the 'alarm' and 'alert' outliers will be validated.</p> <p>With validated data, a designation of potential outlier status will be annotated against identified units. They will progress to stage 2 where alarm level outliers will follow the agreed process. Alert level outliers will be asked to follow a management plan set out by Epilepsy12.</p>	RCPCH audit team	10
2	<p>The Epilepsy12 Designated 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.</p> <p>All relevant data and analyses details can be made available to the clinical lead and queries will be prioritised and answered promptly.</p> <p>RCPCH audit teams will inform the Welsh Government (via wgclinicalaudit@gov.wales) of alarm level outliers as requested. 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.</p>	RCPCH audit team	5
3	<p>The Epilepsy12 Designated 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.</p>	Participating provider clinical lead	25

4	<p>Review of response from the clinical lead in the participating provider to determine if there is:</p> <p>‘No case to answer’</p> <ul style="list-style-type: none"> • 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 will always be made stating that an outlier status is unlikely. • 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. <p>‘Case to answer’</p> <ul style="list-style-type: none"> • 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. <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 outlier status. <p><i>They will proceed to Stage 5</i></p>	RCPCH audit team	10
5	<p>Contact the Epilepsy12 Designated Lead of the participating provider, (Template Email 1 – Appendix A) to confirm outlier status and advise of next steps. Lead to be reminded to discuss their result with their Chief Executive and Medical Director.</p>	RCPCH audit team or clinical lead	2

6	<p>Written confirmation of alarm status to be sent to the CEO and copied to clinical lead, Medical Director, and regional network manager (where applicable).</p> <p>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.</p>	RCPCH audit team or clinical lead	3
	<p>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</p>		
7	<p>Epilepsy12 audit team will inform the CQC (clinicalaudits@cqc.org.uk) of alarm level outliers in England and the participating provider CEO will be advised to inform commissioners and NHS Improvement nhsi.medicaldirector@nhs.net (Template Email 2 - Appendix A).</p> <p>Epilepsy12 audit team will inform the Welsh Government (wgclinicalaudit@gov.wales) of alarm level outliers in Wales.</p>	RCPCH audit team or clinical lead	3

8	<p>Acknowledgement of receipt of the letter confirming that a local investigation will be undertaken with independent assurance, (identified at provider level).</p> <ul style="list-style-type: none"> Providers in Wales are expected to copy in the Welsh Government (wgclinicalaudit@gov.wales) 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 (clinicalaudits@cqc.org.uk) <p>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.</p> <p><i>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.</i></p>	Participating provider CEO, tracked by the audit team.	10
9	<p>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)</p> <p>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, and Welsh Government. (Template Email 3 – Appendix A)</p>	RCPCH audit team	5
10	Public disclosure of comparative information identifying providers through planned reporting and online reporting tools in line with the NHSE Standard Reporting Procedure.	RCPCH audit team	

8. 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/NHS Trust or Health Board 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 audit data, and in making the reports on structure, process and outcomes of care, publicly available.

9. The role of the RCPCH Epilepsy12 audit team

The primary role of the Epilepsy12 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 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 audit team (epilepsy12@rcpch.ac.uk) at the earliest opportunity to discuss them. It is not the role of the Epilepsy12 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 [Epilepsy12 lead name],

Provisional notification of low outlier status for Epilepsy12 [audit year] measures

As part of its annual reporting process the Epilepsy12 audit conducts Trust-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.

[Description of data quality assurance process to date]

Epilepsy12 defines outlier status as being outside of 2 or 3 standard deviations from the expected performance level (this is the national average). 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 [Trust 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 Epilepsy12*).

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.

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].

Epilepsy12 participates in the National Clinical Audit Benchmarking (NCAB) project, a collaboration between the Healthcare Quality Improvement Partnership (HQIP) and Care Quality Commission (CQC), Welsh Government, and the Clinical Outcomes Publication initiative.

The planned publication date [report name] is [publication date]. Outliers will be identifiable on [M](#), 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 Epilepsy12*.

Template email 2 (stage 5): Acknowledgement to clinical lead ahead of confirmation of outlier status.

Dear [Epilepsy12 Designated 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)] 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]

Template letter 2: Confirmation of outlier status to provider chief executive

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

[Date]

Dear [CEO name],

Confirmation of negative outlier status for Epilepsy12 [audit year] measures

We recently wrote to [clinical lead name], Epilepsy12 designated clinical lead for the [Trust]'s paediatric epilepsy service to notify them of provisional negative outlier status for one or more Epilepsy12 national audit 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 Epilepsy12 conducts NHS Trust 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.

[Description of data quality assurance process to date]

Epilepsy12 defines outlier status as being outside of 2 or 3 standard deviations from the expected performance level (the national mean). Depending on the measure, negative and positive outlier status can be defined. For negative outlier status 'alert' status is defined as below 2 standard deviations from the performance mean and 'alarm' when below of 3 standard deviations. For positive outlier status 'excellent' or 'outstanding' performance are defined respectively for performance above the mean.

We can confirm that [Trust] 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?

Epilepsy12 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 Epilepsy Outlier Management policy is enclosed.

As a next step, please acknowledge receipt of this letter by [DATE], copying in the [**ENGLAND** Care Quality Commission via clinicalaudits@cqc.org.uk **WALES** Welsh Government via [wgclinicalaudit@gov.wales.](mailto:wgclinicalaudit@gov.wales)]

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.medicaldirector@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), Welsh Government, and the Clinical Outcomes Publication initiative.

The [report name] will be published on [publication date]. Outliers will be identifiable on [Epilepsy12's website](#), 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 Epilepsy12*. - [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 Epilepsy12 [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 Epilepsy12.

We asked the Chief Executive to acknowledge receipt of this letter by [DATE], copying in copying in the **[ENGLAND** Care Quality Commission via clinicalaudits@cqc.org.uk) **WALES** Welsh Government via [wgclinicalaudit@gov.wales.](mailto:wgclinicalaudit@gov.wales)] 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 [Epilepsy12's webpages](#), 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 Government

To: clinicalaudits@cqc.org.uk / wgclinicalaudit@gov.wales

Subject: Notification of outlying providers at 3SD (alarm level) in the Epilepsy12

Dear colleague,

The Epilepsy12 national audit 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 Epilepsy12.

We are writing to confirm that the following providers have been identified as outliers for audit measures included in Epilepsy12:

Unit name	Trust/Health board	Audit measure

Chief executives at the above provider organisations have been asked to acknowledge their outlier status, copying in the [CQC/Welsh] 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 Epilepsy12

Dear colleague,

Following on from our previous email notifying you of the providers who have been identified as outliers in Epilepsy12, we are writing to advise you that the chief executives of the following providers have not responded to acknowledge outlier status.

Unit name	Trust/Health board	Audit measure

Epilepsy12 has completed its outlier management process in line with the RCPCH policy for the Detection and Management of Outlier Status for Clinical Indicators in Epilepsy12. We trust you will follow up directly with the provider.

Regards.

[Project manager]