

National Paediatric Diabetes Audit (NPDA) Policy on the detection and management of outlier status for paediatric diabetes units

V4.1 Last updated: September 2025

Version	Date of Publication	Updates
4.0	July 2025	<ul style="list-style-type: none"> Amended HbA1c metric to be unadjusted Amended appendix B, HbA1c alarm outlier notification letter, to include further data on caseload demographics Added appendix E, positive outlier notification letter Amended throughout to include Jersey. Moved section 5 to 'Data quality' subheading under section 2.
3.1	April 2025	<ul style="list-style-type: none"> Added section 5. Data entry errors and data inaccuracy
3.0	November 2024	<ul style="list-style-type: none"> Changes made to the timeline of the alarm and non-participation management process
2.0	February 2024	<ul style="list-style-type: none"> Inclusion of those aged under 12 in the health check completion metric Determination of outlier status for the health check completion metric based on percentage cut-offs rather than standard deviations Inclusion of non-participation as a reason for conferring outlier status Removal of formal obligation for PDUs in England to confirm details of their action plans to the CQC NHSE and HQIP to be included alongside CQC in alert and alarm reporting
1.0	November 2019	

1. Introduction

This document provides an overarching outlier policy statement for the National Paediatric Diabetes Audit (NPDA) from the 2024/25 audit year onwards, which includes children and young people cared for by paediatric diabetes units in England, Wales, and Jersey from 01 April 2024. It follows the process set out in the [HQIP policy for the detection and management of outliers](#).

This policy sets out:

- The process by which data submitted by paediatric diabetes units (PDUs) to the NPDA will be analysed to detect potential outlier status, as defined by the NPDA.
- The process by which the NPDA team will engage with any PDU to the audit and relevant regulator, if data is defined as reaching outlier status

2. Choice of performance indicators for outlier analysis

The performance indicators subject to outlier analysis within the NPDA are selected by the NPDA Methodology and Dataset Group and endorsed by the NPDA Project Board.

The two metrics reported by the NPDA that are used for the identification of outliers are:

1. Overall health check completion rate for children and young people with Type 1 diabetes (updated as from the 2022/23 audit year)

The healthcare check completion rate is equal to the total number of key healthcare checks recorded for children and young people completing a full year of care, divided by the maximum number of checks expected for this cohort based on their ages.

The six key healthcare checks expected for children and young people with Type 1 diabetes aged 12 and above for this analysis are HbA1c, BMI, foot examination, blood pressure, and screening for albuminuria and thyroid disease. The three expected for those aged <12 years are HbA1c, BMI, and thyroid screen.

$$\frac{\text{Total number of health checks received by children and young people of all ages}}{(\text{Number of children aged 11 and below}^*3) + (\text{Number of young people aged 12 and above}^*6)}$$

2. Mean HbA1c (updated as from the 2024-25 audit year)

The median HbA1c is identified for each patient with Type 1 diabetes at least one HbA1c measurement taken >90 days from diagnosis in the audit year. The mean of these medians is reported at unit-level.

This metric was previously adjusted by age, sex, diabetes duration, ethnicity, and deprivation. As of the 2024/25 audit year, the unadjusted mean HbA1c will be used for outlier analyses, as reductions in inequalities have meant that the regression

model for adjustment explained little of the variance in unit-level HbA1c outcomes.

Data Inaccuracy

Participating units 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 participating PDUs providing the service to patients. Complete and accurate data should be submitted by the audit deadline. Any changes made to the data after the data entry deadline will not be reflected in the annual reports or outlier analysis. The RCPCH audit team will send reminders to participating PDUs as the deadline approaches and can be contacted at any time leading up to the deadline with any NPDA submission queries.

Issues with data quality should be addressed by the participating PDU. If a PDU finds that their outlier status was due to their own errors with data entry, the outlier status will still be confirmed by the RCPCH audit team and the PDU will be expected to take mitigating action to prevent any future data entry errors.

Clinical teams are encouraged to enter audit data prospectively throughout the audit year and engage with the NPDA data quality reports and the NPDA frequent reporting dashboards to manage and minimise data entry errors and monitor their own performance.

3. Non-participation in the NPDA

From 2024 onwards, non-participation in the NPDA will confer negative outlier status, as will incomplete submission of data used to calculate performance against outlier metrics. Non-participating PDUs will be treated as an alarm level outlier for all eligible metrics and followed up via standard processes with a note clarifying that the outlier status is due to non-participation.

4. Detection of a potential outlier

For the health check completion rate, the NPDA identifies **alert level** negative outliers as those in the bottom 5% of paediatric diabetes units (PDUs), and those in the bottom 3% as **alarm level** outliers.

For the case mix adjusted HbA1c metric, the NPDA identifies **alert level** negative outliers as those between 2 and 3 standard deviations below expected performance, and **alarm level** outliers at 3 or more standard deviations below expected (national mean) performance.

The NPDA also identifies positive outliers as those in the top 3% of PDUs on the health check completion rate metric, and 3 or more standard deviations above expected performance on the case mix adjusted HbA1c metric.

5. Publication of outlier status within the NPDA

Comparative data on performance against outlier metrics within the NPDA, including positive and negative outlier status, will be made available in the public domain after the RCPCH audit team has sent outlier status notification letters to NHS Health Board/Trust CEOs. Where possible, the NPDA will publish this comparative data alongside the annual State of the Nation report publication.

Outlier status will be made available within:

- An Annual Outlier Management and Identification report
- PDU-level annual reports
- Data files hosted on the NPDA website
- The NPDA interactive reporting tool

Details of investigations by local PDUs resulting from notification of their NPDA outlier status are not requested to be shared with the NPDA, and will not be reviewed or published by the NPDA should copies be shared with the NPDA team.

6. Actions required for alarm and alert level outliers

Stage	Description	Responsible person	Working days
1	The process underpinning the analysis of the outlier metric data of identifying the 'alarm' and 'alert' outliers will be validated by the senior analyst on the RCPCH audit team, at which point the audit will be satisfied that there is a 'case to answer' for those identified as such.	RCPCH Audit team	10
2	<p>Alarm</p> <p>The clinical lead in the participating paediatric diabetes unit (PDU) and their regional network manager are informed, (Template letter 1, Appendices A and B), about the potential outlier status at 'Alarm Level' and is requested to identify any data errors they feel may be associated with the data analysis undertaken by the RCPCH audit team. They are also asked to discuss the finding with their Health Board/Trust senior management, including the CEO, in advance of communication from the RCPCH audit team to the CEO in stage 6, should there be a case to answer.</p> <p>In such cases where data analysis errors are considered to have been made, all relevant data and analyses details will be made available to the clinical lead by the RCPCH audit team and their queries will be prioritised and answered promptly.</p> <p>Alert</p> <p>No further escalation for 'Alert' level outliers.</p>	RCPCH Audit team	5
3	Clinical lead in the participating PDU to provide written response to the RCPCH audit team acknowledging the potential 'Alarm' outlier status, and confirming that discussions with senior management will take place.	Participating provider clinical lead	25
4	<p>Review of response from the clinical lead in the participating PDU to determine if there is:</p> <p>'No case to answer'</p> <p>If it is confirmed that the NPDA analysis was inaccurate, complete re-analysis of this metric will happen before audit results are published, and the outlier identification process will be reapplied to the whole dataset.</p> <p>'Case to answer'</p> <p>If it is confirmed that the data originally supplied by the participating PDU were inaccurate due to errors in data entry by the local PDU clinical team, the outlier status will remain confirmed. Issues with data quality</p>	RCPCH Audit team	20

	<p>must be checked and addressed by the clinical team prior to the NPDA submission deadline to be included in the current year's analysis.</p> <p>or</p> <p>It is confirmed that the originally supplied data were accurate, thus confirming the initial designation of outlier status.</p> <p><i>They will proceed to Stage 5</i></p>		
5	Contact healthcare provider prior to sending written notification of confirmed 'alarm' outliers and/or non-participation outliers to healthcare provider CEO and Medical Director.	RCPCH Audit team	5
6	<p>Confirmed 'alarm' outliers and/or non-participation outlier letters will be sent to healthcare provider CEO and copied to healthcare provider clinical lead, and Medical Director. All relevant data and statistical analyses, including any previous response(s) from the PDU lead clinician will also be made available to the healthcare provider Medical Director and CEO, along with a copy of the NPDA outlier policy.</p> <p>England</p> <p>Trusts will be requested to acknowledge receipt of the outlier confirmation letter, and engage with their CQC local team. The CQC advise that during their routine local engagement with the providers, their inspectors will:</p> <ul style="list-style-type: none"> • Encourage Trusts to identify any learning from their performance and provide the CQC with assurance that the Trust has used the learning to drive quality improvement • Ask the Trust how they are monitoring, or plan to monitor, their performance • Monitor progress against any action plan if one is provided by the Trust. The CQC are not prescriptive concerning any such investigations but there needs to be a degree of independence so that the validity of the findings is acceptable. <p>If an investigation has been conducted in the Trust into an alarm outlier status, it is required that the CQC should be provided with the outcome and actions proposed.</p> <p>Wales</p> <p>Health Boards will be requested to acknowledge receipt of the written outlier notification, confirming that a local investigation will be undertaken with independent assurance of the investigation's validity, copying in the Welsh Government.</p>	RCPCH Audit team	5

	<p><u>Jersey</u></p> <p>Providers will be requested to acknowledge receipt of the outlier confirmation letter and engage with the team at Health and Care Jersey.</p>		
7	<p>The NPDA will notify the HQIP associate director and project manager responsible for the NPDA of all confirmed 'alarm' status outlier providers.</p> <p>Additionally, the NPDA will notify:</p> <ul style="list-style-type: none"> • The CQC (clinicalaudits@cqc.org.uk) using the outlier template, and NHS England (England.clinicalaudit@nhs.net) of all 'alarm' status outliers in England • The Welsh Government (wgclinicalaudit@gov.wales) of all 'alarm' and 'alert' status outliers in Wales. • Health and Care Jersey (hssclinicalauditdepartment@health.gov.je) of all 'alarm' status outliers in Jersey. <p>All recipient organisations should confirm receipt of the notification.</p>	RCPCH audit team	-
8	<p><u>England and Jersey</u></p> <p>Healthcare providers in England and Jersey should acknowledge the alarm status confirmation letter within 15 days of receipt.</p> <p><u>Wales</u></p> <p>Healthcare providers should acknowledge the 'alarm' status confirmation letter within 15 days of receipt.</p> <p>If no acknowledgement is received, a reminder letter will be sent by the NPDA team to the healthcare provider CEO, copied to Welsh Government and HQIP. If not received within an additional 15 working days, the Welsh Government will be notified of non-compliance, copying in HQIP.</p>	Trust/Health Board CEO	15
9	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	-

7. Actions required for alert-level outliers in England

The CQC, NHSE, and HQIP do not mandate a formal notification and escalation process for alert level beyond notification of the relevant clinical team. In the NPDA, alert level notifications to clinical teams will be included in PDU-level reports. The expectation is that NHS Trusts should use 'alert' information as part of their internal quality monitoring process. They should review alerts in a proactive and timely manner, acting accordingly to mitigate the risk of care

quality deteriorating to the point of becoming an alarm level outlier, and Trusts in England may be asked as part of their routine engagement with the CQC how they are monitoring or planning to monitor their performance.

8. Roles of the Welsh Government and Healthcare Inspectorate Wales in outlier management

The Welsh Government monitors the actions of organisations responding to outliers and takes further action as and when required. The Healthcare 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

If you have any questions about the NPDA outlier detection and management process, please contact the NPDA audit team via email: npda@rcpch.ac.uk or via telephone: 020 7092 6167.

9. Appendices

Appendix A – Health check completion rate outlier notification (England, Wales, and Jersey)

Sent via email to [Clinical lead email address]

[date]

Dear Dr [insert],

Re: Outlier status for the [audit year] National Paediatric Diabetes Audit (NPDA)

[PDU name] has been provisionally identified as a negative outlier for health check completion in the [audit year] analyses.

As part of our contractual arrangement with our commissioners, the NPDA conducts outlier analysis to identify and highlight variation, enable local review of the causes of that variation and stimulate quality improvement. As part of this process, the NPDA are now writing to the clinical leads of paediatric diabetes units (PDU) who have been identified as potential outliers for the [audit year] audit year.

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. Since outlier status is defined statistically, there will inevitably always be a small number of units identified as outliers on any specific metric. 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.

Metrics used for outlier analysis

In [audit year], two metrics are used to determine outlier status within the NPDA:

1. Mean HbA1c
2. Health check completion rate

After undertaking analysis of the [audit year] data, the **health check completion rate** calculated for [PDU name] falls within the lowest 3% of those calculated for PDUs in England and Wales, meaning that your unit is considered a negative 'Alarm level' outlier on this metric:

Denominator	Completion rate (%)	3% Cut off

The health check completion rate is equal to the total number of key health checks recorded for children and young people completing a full year of care, divided by the maximum number of checks expected for this cohort based on their ages.

$$\frac{\text{Total number of health checks received by children and young people of all ages}}{(\text{Number of children aged 11 and below}^*3) + (\text{Number of young people aged 12 and above}^*6)}$$

The six key healthcare checks expected for children and young people with Type 1 diabetes aged 12 and above for this analysis are HbA1c, BMI, foot examination, blood pressure, and screening for albuminuria and thyroid disease. The three expected for those age <12 years are HbA1c, BMI, and thyroid screen.

Percentages of children and young people with Type 1 diabetes aged 12 and above who completed a full year of care receiving each of the individual key health checks included in the metric:

HbA1c (%)	Thyroid (%)	BMI (%)	Blood Pressure (%)	Albuminuria (%)	Eye screen (%)	Foot exam (%)

Percentages of children and young people with Type 1 diabetes aged < 12 who completed a full year of care receiving each of the individual key health checks included in the metric:

HbA1c (%)	Thyroid (%)	BMI (%)

Process of outlier notification

The NPDA process of outlier notification is based on the [guidance published by the Healthcare Quality Improvement Partnership \(HQIP\)](#), who are the commissioners of the NPDA. This letter represents Step 2 of the process, briefly summarised below. Please refer to the [NPDA policy](#) for full details and timings.

Process for reporting outliers	
1.	The RCPCH audit team validates the annual outlier analysis.
2.	The clinical lead of the service is informed of potential alarm outlier status.
3.	The clinical lead is given the opportunity to query the data and/or provide justifiable explanation/s.
	The clinical lead is to provide a written response to the audit team acknowledging the potential outlier status and confirming that a discussion will take place with senior management, including Chief Executive Officer (CEO) and Medical Director to update them on the result.
4.	The audit team to review the response and determine if the service remains as an alarm outlier. If there are concerns about the accuracy of the analysis, the metric will be reanalysed and the outlier process will be reapplied to all units.
5.	If the service is confirmed as an outlier, written confirmation of alarm status will be sent to the clinical lead. If the service is no longer identified as an outlier, the clinical lead will be notified in writing.
6.	A notification letter will be sent to the CEO and copied to the clinical lead, network manager and Medical Director.
7.	The audit team will notify the CQC and NHS England (England), the Welsh Government (Wales), and Health and Care Jersey (Jersey) of outlier status.

8.	Wales Only - Acknowledgement of receipt of the letter by the CEO copying in the Welsh Government. If no response received by the NPDA, one reminder letter will be sent to the CEO copying in the Welsh Government.
9.	Public disclosure of comparative information identifying providers through planned reporting and online reporting tools.

In line with the above, I would be grateful if you could reply to this letter and acknowledge this provisional outlier status, notifying us of any reasons for which you feel the outlier status allocation is incorrect, or other explanations for the outlying result, and confirming that a discussion of this outlier status has or will take place with members of your Health Board/Trust senior management by **[insert date]**.

Please also supply the names of your Chief Executive and Medical Director, and their Trust email addresses by return.

If you have any queries in relation to the information above, or the methodology used in the outlier process, do contact us at: npda@rcpch.ac.uk or on 020 7092 6167.

Yours sincerely

NPDA Manager
Royal College of Paediatrics and Child Health

Appendix B –HbA1c outlier notification (England, Wales, and Jersey)

Sent via email to [clinical lead email address]

[date]

Dear Dr [insert],

Re: Outlier status for the [insert year] National Paediatric Diabetes Audit (NPDA)

[PDU name] has been provisionally identified as a negative outlier for mean HbA1c in the [audit year] analyses.

As part of our contractual arrangement with our commissioners, the NPDA conducts outlier analysis to identify and highlight variation, enable local review of the causes of that variation and stimulate quality improvement. As part of this process, the NPDA are now writing to the clinical leads of paediatric diabetes units (PDU) who have been identified as potential outliers for the [audit year] audit year.

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. Since outlier status is defined statistically, there will inevitably always be a small number of units identified as outliers on any specific metric. 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.

Metrics used for outlier definitions

In [audit year], two metrics have been used to define outlier status:

1. Mean HbA1c
2. Healthcare check completion rate

Units with results falling outside of three standard deviations of the mean result for England and Wales on the mean HbA1c metric are considered 'Alarm level' outliers on this metric.

After undertaking analysis of the [audit year] data, the **mean HbA1c** calculated for [PDU Name] falls outside of three standard deviations of the national mean HbA1c and your unit is therefore considered to be a negative, alarm level outlier on this metric:

Denominator	Mean HbA1c (mmol/mol)	National mean HbA1c (mmol/mol)	Low 3SD limit (mmol/mol)	High 3SD limit (mmol/mol)

As HbA1c is no longer adjusted by patient demographics, we have provided your PDU's results by deprivation quintile and ethnic group below to support you in interpreting your results.

Percentage of children and young people with Type 1 diabetes in each deprivation quintile, and the mean HbA1c for each deprivation quintile at [PDU Name]:

	Most deprived	Second most deprived	Third least deprived	Second least deprived	Least deprived
Percentage of caseload					
Mean HbA1c					

Percentage of children and young people with Type 1 diabetes in each ethnic category, and the mean HbA1c for each ethnic category at [PDU Name]:

	White	Black	Asian	Mixed	Other
Percentage of caseload					
Mean HbA1c					

Process of outlier notification

The NPDA process of outlier notification is based on the [guidance published by the Healthcare Quality Improvement Partnership \(HQIP\)](#), who are the commissioners of the NPDA. This letter represents Step 2 of the process, briefly summarised below. Please refer to the [NPDA policy](#) for full details and timings.

Process for reporting outliers

1.	The RCPCH audit team validates the annual outlier analysis.
2.	The clinical lead of the service is informed of potential alarm outlier status.
3.	The clinical lead is given the opportunity to query the data and/or provide justifiable explanation/s. The clinical lead is to provide a written response to the audit team acknowledging the potential outlier status and confirming that a discussion will take place with senior management, including Chief Executive Officer (CEO) and Medical Director to update them on the result.
4.	The audit team to review the response and determine if the service remains as an alarm outlier. If there are concerns about the accuracy of the analysis, the metric will be reanalysed and the outlier process will be reapplied to all units.
5.	If the service is confirmed as an outlier, written confirmation of alarm status will be sent to the clinical lead. If the service is no longer identified as an outlier, the clinical lead will be notified in writing.
6.	A notification letter will be sent to the CEO and copied to the clinical lead, network manager and Medical Director.
7.	The audit team will notify the CQC and NHS England (England), the Welsh Government (Wales), and Health and Care Jersey (Jersey) of outlier status.

8.	Wales Only - Acknowledgement of receipt of the letter by the CEO copying in the Welsh Government. If no response received by the NPDA, one reminder letter will be sent to the CEO copying in the Welsh Government.
9.	Public disclosure of comparative information identifying providers through planned reporting and online reporting tools.

In line with the above, I would be grateful if you could reply to this letter and acknowledge this provisional outlier status, notifying us of any reasons for which you feel the outlier status allocation is incorrect, or other explanations for the outlying result, and confirming that a discussion of this outlier status has or will take place with members of your Health Board/Trust senior management by **[insert date]**.

Please also supply the names of your Chief Executive and Medical Director, and their email addresses by return.

If you have any queries in relation to the information above, or the methodology used in the outlier process, do contact us at: npda@rcpch.ac.uk or on 020 7092 6167.

Yours sincerely

NPDA Manager
Royal College of Paediatrics and Child Health

CCs:
[insert email], regional network manager

Appendix C - Letter to CEOs (England)

Sent via email to [CEO email address]

[date]

Dear [CEO name],

Re: Confirmation of negative outlier status for NPDA [audit year] measure

As part of its annual reporting process, the NPDA conducts unit level outlier analysis on two key metrics. The purpose of the outlier process is to identify and highlight variation, enable local review of the causes of that variation and to stimulate quality improvement.

The NPDA defines 'Alarm level' outliers as paediatric diabetes units with results falling outside of the expected range of results on one of two key metrics within the audit. We can confirm that [PDU name] is an outlier at alarm level (3 or more standard deviations below expected performance/ within the bottom 3% of results) for the [metric name] metric. Please see the attached initial letter to the clinical lead informing of provisional outlier status for further detail.

Now that the analysis has been validated, we are writing to confirm the outlier status and to advise you of next steps.

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.

What do you need to do next?

The NPDA follows an outlier management process aligned with the Healthcare Quality Improvement Partnership (HQIP) guidance on the detection and management of outliers for National Clinical Audits. The full NPDA policy is available [here](#).

As a next step, **please acknowledge receipt of this letter by [date]**, by emailing npda@rcpch.ac.uk.

CEOs of Trusts in England are requested to acknowledge receipt of this letter and engage with their CQC local team. The CQC advise that during their routine local engagement with the providers, their inspectors will:

- Encourage Trusts to identify any learning from their performance and provide the CQC with assurance that the Trust has used the learning to drive quality improvement
- Ask the Trust how they are monitoring or plan to monitor their performance
- Monitor progress against any action plan if one is provided by the trust. The CQC are not prescriptive concerning any such investigations but there needs to be a degree of independence so that the validity of the findings is acceptable.

- If an investigation has been conducted in the Trust into an alarm outlier status, it is required that the CQC would be provided with the outcome and actions proposed.

The NPDA participates in the National Clinical Audit Benchmarking (NCAB) project, a collaboration between the Healthcare Quality Improvement Partnership (HQIP), the CQC, and the Clinical Outcomes Publication initiative. Outliers will be identifiable on NCAB slides and within PDU-level NPDA reporting, which will be published alongside the NPDA national report on the (publication date TBC).

If you have any queries in relation to the information above, or the methodology used in the outlier process, do contact us at: npda@rcpch.ac.uk or on 020 7092 6167.

Yours Sincerely,

National Paediatric Diabetes Audit (NPDA) Manager

CCs:

[insert email], Medical Director

[insert email], Clinical Lead

[Insert email], regional network manager

Appendix D - Letter to CEOs (Jersey)

Sent via email to [CEO email address]

[date]

Dear [CEO name],

Re: Confirmation of negative outlier status for NPDA [insert year] measure

As part of its annual reporting process, the NPDA conducts unit level outlier analysis on two key metrics. The purpose of the outlier process is to identify and highlight variation, enable local review of the causes of that variation and to stimulate quality improvement.

The NPDA defines 'Alarm level' outliers as paediatric diabetes units with results falling outside of the expected range of results on one of two key metrics within the audit. We can confirm that **Jersey General Hospital** is an outlier at alarm level (3 or more standard deviations below expected performance/ within the bottom 3% of results) for the **[metric name] metric**. Please see the attached initial letter to the clinical lead informing of provisional outlier status for further detail.

Now that the analysis has been validated, we are writing to confirm the outlier status and to advise you of next steps.

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.

What do you need to do next?

The NPDA follows an outlier management process aligned with the Healthcare Quality Improvement Partnership (HQIP) guidance on the detection and management of outliers for National Clinical Audits. The full NPDA policy is available [here](#).

Please acknowledge receipt of this letter by [date], by emailing npda@rcpch.ac.uk. As a next step, we recommend that you engage with the team at Health and Care Jersey, and a local investigation be undertaken.

The NPDA participates in the National Clinical Audit Benchmarking (NCAB) project, a collaboration between the Healthcare Quality Improvement Partnership (HQIP) and the CQC. Outliers will be identifiable on NCAB slides and within PDU-level NPDA reporting, which will be published alongside the NPDA national report on the (publication date TBC).

If you have any queries in relation to the information above, or the methodology used in the outlier process, do contact us at: npda@rcpch.ac.uk or on 020 7092 6167.

Yours Sincerely,

National Paediatric Diabetes Audit (NPDA) Manager

CCs:

[insert email], Medical Director

[insert email], Clinical Lead

[Insert email], regional network manager

Appendix E - Letter to CEOs (Wales)

Sent via email to [CEO email address]

[date]

Dear [CEO name],

Re: Confirmation of negative outlier status for NPDA [insert year] measure

As part of its annual reporting process, the NPDA conducts unit level outlier analysis on two key metrics. The purpose of the outlier process is to identify and highlight variation, enable local review of the causes of that variation and to stimulate quality improvement.

The NPDA defines 'Alarm level' outliers as paediatric diabetes units with results falling outside of the expected range of results on one of two key metrics within the audit. We can confirm that [PDU Name] is an outlier at alarm level (3 or more standard deviations below expected performance/ within the bottom 3% of results) for the [metric name] metric. Please see the attached initial letter to the clinical lead informing of provisional outlier status for further detail.

Now that the analysis has been validated, we are writing to confirm the outlier status and to advise you of next steps.

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.

What do you need to do next?

The NPDA follows an outlier management process aligned with the Healthcare Quality Improvement Partnership (HQIP) guidance on the detection and management of outliers for National Clinical Audits. The full NPDA policy is available [here](#).

As a next step, **please acknowledge receipt of this letter by [date]**, by emailing npda@rcpch.ac.uk, copying in the Welsh Government (wgclinicalaudit@gov.wales). Please confirm that a local investigation will be undertaken with independent assurance of the investigation's validity.

If no acknowledgement is received, a reminder will be sent, copied to the Welsh Government and HQIP. If acknowledgement is not received after an additional 15 working days, the Welsh Government will be notified of non-compliance in consultation with HQIP.

The NPDA participates in the National Clinical Audit Benchmarking (NCAB) project, a collaboration between the Healthcare Quality Improvement Partnership (HQIP) and the CQC. Outliers will be identifiable on NCAB slides and within PDU-level NPDA reporting, which will be published alongside the NPDA national report on the (publication date TBC).

If you have any queries in relation to the information above, or the methodology used in the outlier process, do contact us at: npda@rcpch.ac.uk or on 020 7092 6167.

Yours Sincerely

National Paediatric Diabetes Audit (NPDA) Manager

CCs:

[insert email], Medical Director

[insert email], Clinical Lead

[Insert email], regional network manager

Appendix F – Positive Outlier Notification Letter to Clinical Leads (England, Wales, and Jersey)

Sent via email to [Clinical lead email address]

[date]

Dear Dr [insert],

Re: Positive outlier status for the [audit year] National Paediatric Diabetes Audit (NPDA)

[PDU name] has been identified as a positive outlier for [metric name] in the [audit year] analyses.

As part of our contractual arrangement with our commissioners, the NPDA conducts outlier analysis to identify and highlight variation, enable local review of the causes of that variation and stimulate quality improvement. As part of this process, the NPDA are now writing to the clinical leads of paediatric diabetes units (PDU) who have been identified as potential outliers for the [audit year] audit year.

Metrics used for outlier definitions

In [audit year], two metrics have been used to define outlier status:

1. Mean HbA1c
2. Healthcare check completion rate

We can confirm that [PDU Name] is a positive outlier (3 or more standard deviations above expected performance/ within the top 3% of results) for the **[metric name] metric**.

Denominator	[PDU Name] Result	National Average

Congratulations to you and your team on this achievement. Please pass on a copy of this letter to your Chief Executive Officer and Medical Director. If you have a quality improvement project to share relating to your achievement in this measure, the NPDA would be keen to hear from you. Please contact us via npda@rcpch.ac.uk.

More information about the NPDA outlier process

The NPDA follows an outlier management process aligned with the Healthcare Quality Improvement Partnership (HQIP) guidance on the detection and management of outliers for National Clinical Audits. The full NPDA policy is available [here](#).

The NPDA participates in the National Clinical Audit Benchmarking (NCAB) project, a collaboration between the Healthcare Quality Improvement Partnership (HQIP), the CQC, and the Clinical Outcomes Publication initiative. Outliers will be identifiable on NCAB slides and within PDU-level NPDA reporting, which will be published alongside the NPDA national report on the (publication date TBC).

Yours Sincerely

National Paediatric Diabetes Audit (NPDA) Manager

CCs:

[insert email], Medical Director

[insert email], Clinical Lead

[Insert email], regional network manager