

Identifying outliers and informing Trusts/ Health Boards/ other relevant providers: Process for National Audit of Dementia – Memory Assessment Services Core Audit 2026

This procedure follows the [guidance](#)¹ provided by the Healthcare Quality Improvement Partnership.

1. Identifying outliers

Items for outlier analysis are selected as of **clinical** significance and likely to provide **sufficient reliable data** for analysis:

Items **provisionally** identified within the projected dataset to be derived from MHSDS data (England) OR collated data submitted by Health Boards (Wales) or Health and Care Jersey.

- Waiting times: average overall waiting time from referral to assessment (days).

This item is proposed as it is expected that all MAS in England, Wales and Jersey will have supplied data for this metric. This is provisional and contingent upon examination of data quality, and confirmation by the Steering Group.

Items confirmed by the Steering Group:

- Analysis will be carried out to two and three standard deviations (SD) from the mean.
- Three SD is considered potential “alarm” for services within England and Wales (see guidance above)
- On initial identification of participating services with performance indicators which are potential “alarm” status, data will be scrutinised and Trusts/ Health Boards informed within 15 days.

2. Informing Trusts

- NAD audit leads will be sent a letter via email, and an additional copy of the letter by post. This will be copied to the Chief Executive and Medical Director, and inform them of their potential outlier status. The letter will be signed from the CCQI Director (Dasha Nicholls). They will be given five weeks (25 working days) to review their data for accuracy and provide a written response.
 - The letter will also ask for confirmation of the Clinical Governance Lead for the Trust/ Health Board.
 - A log of responses will be created.
 - If further analysis indicates that they are no longer outliers they will be sent a letter within 4 weeks (20 working days) to confirm this, with copies to CEO and

¹ https://www.hqip.org.uk/wp-content/uploads/2025/11/NCAPOP-Outlier-Guidance_2025-Oct-Update-v2.pdf

MD as above. Data and results will also be revised for National Reporting, where found necessary and if feasible within reporting timelines.

- If a response is not received within one month a reminder email and letter will be sent giving two weeks to respond, informing them that we will pass the matter on to HQIP if we do not hear from them.
- Following receipt of a written response, if the Trust is still an outlier then within 1 week NAD audit leads will be contacted to inform them that they will be receiving a letter of concern. Confirmed alarm level outliers identified by the audit will be identified to the Care Quality Commission/ Welsh Government as appropriate.
 - This will be sent via email and post to the NAD audit lead and copied to the Chief Executive, Medical Director and Clinical Governance Lead, and HQIP. This letter will mention that the NAD National Report will include information comparing performance by Trusts/ Health Boards and will identify providers. The Chief Executive will be advised that the audit must inform the Care Quality Commission/ Welsh Government. The Chief Executive will be asked to provide a written acknowledgement within 10 days, giving details of their next steps as an organisation.
 - If no response is received within 15 working days, a reminder email will be sent asking for an acknowledgement within 5 days. If there is still no response this will be escalated through HQIP, and information will be provided to the Care Quality Commission and NHS England/ Welsh Government:
 - contact without delay james.campbell@hquip.org.uk including at least the following key information:
 - Name of audit
 - Reporting period in question
 - Name of outlier(s)
 - Measure and clinical context for which they are possible or confirmed outliers
 - Relevant communications / actions to date
 - Anticipated publication date

3. Incomplete data

If a service participating in the casenote audit has too few cases on record to receive a local report, data will also be insufficient to determine outlier status. The service audit lead will be informed that they will not receive a local report with patient level data and that their outlier status cannot be determined. A list of these services will be provided to HQIP and the audit lead will be informed of this.

Services which were eligible to participate in the audit but which did not participate, will also be identified. A list of all eligible services and summary of their participation (sample etc) will be supplied to HQIP and published on the website.

4. Publication of results

A summary of the results, detailing the number of outliers initially identified for each measure and the number confirmed, will be published on the audit website within one week of the National Report

As the Audit Provider NAD will also publish any responses received from healthcare providers, including findings from investigations that they or others have carried out into the outlier alert, as an addendum or footnote. Publication of scheduled reports and outputs will not be delayed whilst waiting for such investigation to be completed, but this will be added, online, when and if it subsequently becomes available.

