

Cause for Concern Policy

National Clinical Audit for Anxiety and Depression (NCAAD)

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Purpose

NCAAD collects, analyses and reports data at participating Trust/organisation, CCG and hospital level. Given this, NCAAD requires a robust process for identifying, highlighting and acting upon areas of concern or poor practice highlighted as part of the audit process.

The following procedure reflects the [guidance](#) provided by the Healthcare Quality Improvement Partnership (HQIP).

NB. This document should be read in conjunction with the NCAAD [Outlier Policy](#).

Definitions

Acceptable performance: For the purpose of NCAAD, acceptable performance will be based on all data within 2 standard deviations of the mean, unless other suitable external data, or an identified norm exists.

Alert: A provider identified as being 2 standard deviations from the mean.

Alarm: A provider identified as being 3 or more standard deviations from the mean.

a. Identifying & confirming outlier status

Once data cleaning and the main analysis is complete, further analysis will be conducted on the following three key metrics to identify possible outliers.

- Psychological Therapies: Was the service user referred to psychological therapy?
- Discharge/medication: At discharge, was the service user given to take home (TTOs) medication?
- Discharge: Was a discharge letter sent to the service user's GP?

The audit team and Trust/organisation will follow the process outlined in the [NCAAD Outlier Policy](#) to scrutinise the data and analysis to determine whether there appears to be a case to answer or not.

Following review of the submitted data and where necessary amendments, the Trust/organisation may still appear to be an outlier after which the audit team will need to follow one of the identified processes below.

b. Actions

i. For Trusts/organisations identified as an 'alert'

Please follow the process in the [NCAAD Outlier Policy](#).

ii. For Trusts/organisations identified as an 'alarm'

On confirmation of a Trust/organisation's outlier status, the audit lead within the Trust/organisation will be contacted within 5 days by telephone, after which written confirmation of outlier alert status will be sent to the audit lead, along with the Medical Director and CEO.

The letter to the Trust/organisation will include notification that the audit team will be informing the Care Quality Commission (CQC) and HQIP. The Chief Executive of the Trust/organisation will be asked to notify their commissioners and NHS Improvement. The Trust/organisation will be informed of data transparency and that their Trust/organisation will be identified in the national report.

The NCAAD team will notify the CQC via email to clinicalaudits@cqc.org.uk and HQIP Associate Director Kirsten Windfuhr.

The Trust/organisation should provide acknowledgement within 10 working days of receipt of notification of alarm outlier status. The Trust/organisation should confirm that a local investigation will be undertaken independent assurance of the validity of this exercise.

Should no acknowledgement of the letter be received within 10 working days, the audit team will send a reminder letter to the Trust/organisation, copying in the CQC.

If no response is received after a further 5 working days, the CQC and NHS Improvement (nhsi.medicaldirector@nhs.net) will be notified via email.

The audit team will endeavour to provide appropriate support and information to all stakeholders as requested.

Appendix: Cause for Concern Flow Diagram

