

NCAP Cause for Concern Policy

2022 - 2025

Categories of cause for concern

Table 1.

Category no.	Category description	Example scenarios
Category 1	Single case record level evidence	<p>Evidence from the care delivered to a single individual (the source of which may be a case record / PREM / PROM / Carer questionnaire or other) reflects care which:</p> <ul style="list-style-type: none"> • Has put the patient at significant risk of harm or has caused significant harm. • Indicates a dysfunctional or dangerous department or organisation. • Indicates a death of a child or adult attributable to abuse or neglect, but no indication of cross-agency involvement (i.e. no mention of safeguarding, social services, police or Local Safeguarding Children Board (LSCB)) • Indicates a staff member displaying the following behaviours (and where it is unclear if the incident has been reported to senior staff): <ul style="list-style-type: none"> ○ Abusive behaviour (including allegations of sexual assault) ○ Serious professional misconduct ○ Dangerous lack of competency
Category 2	Cluster of case record-level	<p>A cluster of discrete events for example:</p> <ul style="list-style-type: none"> • More than one case record review from the same healthcare provider cohort indicates significant risk of harm or has caused significant harm. • More than one source of evidence of dangerous or dysfunctional individual or team behaviours.
Category 3	Emerging aggregate data trends	Emerging data within year suggests a spike in mortality or morbidity at team or organisation level, which is significantly out of keeping with comparable healthcare providers.

Process for raising a Cause for Concern

If the NCAP project team identifies a cause of concern, the following process should be followed. Please note that Table 2. indicates the process for healthcare providers in England and Table 3 indicates the process for Wales:

This escalation process is based on the process included in HQIP's outlier guidance. Due to the more heterogeneous nature of the information that could trigger a cause for concern, stage 1 below includes a discussion and agreement of the process for each case between the NCAP team and the HQIP Associate Director, which in some circumstances will mean that the escalation stages and / or timelines are shortened or omitted. In other circumstances both may agree that escalation is not warranted.

Table 2.

Stage	Action	Responsibility	Within how many working days?
1.	<p>Information is examined closely to determine its quality and completeness, the data handling and analyses performed to date, and the likely validity of the concern identified:</p> <ul style="list-style-type: none"> • 'No case to answer' <ul style="list-style-type: none"> ○ Data and results revised in NCAPOP records ○ Details formally recorded • 'Case to answer' <ul style="list-style-type: none"> ○ Contact the Associate Director at HQIP to discuss the nature of the cause for concern and agree next steps. HQIP AD to be kept appraised of the progress of the subsequent escalation process. <p><i>Proceed to stage 2</i></p>	NCAP Team	10

2.	<p>The Lead Clinician in the provider organisation (or equivalent in community care, such as the Local Area Coordinators) informed about the potential cause for concern and requested to identify any data errors or justifiable explanation/s where possible. All relevant data and analyses should be made available to the Lead Clinician.</p> <p>A copy of the request should be sent to the provider organisation CEO and Medical Director. (For social care providers this would be the CQC - Registered Manager)</p>	NCAP Clinical Lead	5
3.	Lead Clinician (or equivalent) to provide written response to NCAPOP supplier.	Healthcare Provider Lead Clinician (or equivalent)	25
4.	<p>Review of Lead Clinician's response to determine:</p> <ul style="list-style-type: none"> • 'No case to answer' <ul style="list-style-type: none"> ○ It is confirmed that the data originally supplied by the provider contained inaccuracies. Re-analysis of accurate data no longer indicates significant cause for concern. ○ Data and results should be revised in NCAPOP records. Details of the provider's response and the review result recorded. ○ Lead Clinician notified in writing copying in provider organisation CEO and Medical Director. <p><i>Process ends</i></p> <ul style="list-style-type: none"> • 'Case to answer' <ul style="list-style-type: none"> ○ It is confirmed that although the data originally supplied by the provider were inaccurate, analysis still indicates a significant cause for concern. ○ It is confirmed that the originally supplied data were accurate, thus confirming the initial designation of cause for concern. ○ No response from the Lead Clinician is forthcoming. 	NCAP Team	20

	<i>Proceed to stage 5</i>		
5.	Contact Lead Clinician by telephone, prior to sending written confirmation of the persistence of the cause for concern to CEO copied to Lead Clinician and Medical Director. All relevant data and statistical analyses, including previous response from the Lead Clinician, made available to the Medical Director and CEO. The requirement for the NCAP to inform CQC and for the Provider CEO to inform commissioners, NHS Improvement, and relevant royal colleges to be determined jointly by the HQIP Associate Director and the NCAP Clinical Lead.	NCAP Clinical Lead	5
6.	Acknowledgement of receipt of the letter confirming that a local review will be undertaken, copying in the CQC as required.	Provider CEO (healthcare)	10
7.	If no acknowledgement received, a reminder letter should be sent to the CEO, copied to CQC. If not received within 5 working days, CQC and NHS Improvement notified of non-compliance.	NCAP Team	5

Table 3.

Stage	Action	Responsibility	Within how many working days?
1.	<ul style="list-style-type: none"> Information is examined closely to determine its quality and completeness, the data handling and analyses performed to date, and the likely validity of the concern identified: <p>'No case to answer'</p> <ul style="list-style-type: none"> data and results revised in NCAPOP records details formally recorded <p>'Case to answer'</p>	NCAP Team	10

	<ul style="list-style-type: none"> Contact the Associate Director at HQIP to discuss the nature of the cause for concern and agree next steps. HQIP AD to be kept apprised of the progress of the subsequent escalation process. <p>Proceed to stage 2</p>		
2.	<p>The Lead Clinician in the provider organisation (or equivalent in community care, such as the Local Area Coordinators) informed about the potential cause for concern and requested to identify any data errors or justifiable explanation/s where possible. All relevant data and analyses should be made available to the Lead Clinician.</p> <p>A copy of the request should be sent to the provider organisation CEO and Medical Director.</p>	NCAP Lead Clinician	5
3.	Lead Clinician (or equivalent) to provide written response to NCAPOP supplier.	Healthcare Provider Lead Clinician (or equivalent)	25
4.	<p>Review of Lead Clinician's response to determine:</p> <p>'No case to answer'</p> <ul style="list-style-type: none"> It is confirmed that the data originally supplied by the provider contained inaccuracies. Re-analysis of accurate data no longer indicates significant cause for concern. Data and results should be revised in NCAP records. Details of the provider's response and the review result recorded. Lead Clinician notified in writing copying in provider organisation CEO and Medical Director. <p>Process ends</p> <p>'Case to answer'</p>	NCAP Team	20

	<ul style="list-style-type: none"> It is confirmed that although the data originally supplied by the provider were inaccurate, analysis still indicates a significant cause for concern; or It is confirmed that the originally supplied data were accurate, thus confirming the initial designation of cause for concern; or No response from the Lead Clinician is forthcoming. <p>Proceed to stage 5</p>		
5.	<p>Contact Lead Clinician by telephone, prior to sending written confirmation of the persistence of the cause for concern to CEO copied to Lead Clinician and Medical Director. All relevant data and statistical analyses, including previous response from the Lead Clinician, made available to the Medical Director and CEO.</p> <p>The requirement for the NCAP Team to inform Welsh Government and relevant royal colleges to be determined jointly by the HQIP Associate Director and the NCAP Clinical Lead.</p>	NCAP Clinical Lead	5
6.	Acknowledgement of receipt of the letter confirming that a local review will be undertaken, copying in the Welsh Government as required.	Provider CEO	10
7.	If no acknowledgement received, a reminder letter should be sent to the CEO, copied to Welsh Government. If not received within 5 working days, Welsh Government notified of non-compliance.	NCAP Team	5