

National Audit of Dementia

Cause for Concern Policy

2025 – 2027

This policy sets out the process for identifying and managing a Cause for Concern within the National Audit of Dementia (NAD). Where information is already being managed under any NAD outlier process, the outlier policy takes precedence over this Cause for Concern process. Raising a Cause for Concern does not place any additional Duty of Candour responsibilities on NAD beyond notifying the healthcare provider of the concern identified. The Duty of Candour applies to the provider organisation, not NAD.

Categories of cause for concern *Source: Cause for concern guidance - National Clinical Audit and Patient Outcomes Programme (NADOP)*

The following categories describe the types of information that may indicate a potential Cause for Concern. They outline the level and source of evidence that could reasonably suggest very serious issues with clinical practice, service delivery, or system failure that may present a risk of harm to patients.

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 NAD project team identifies a potential Cause for Concern, the following process should be followed. Table 2 sets out the process for healthcare providers in England, and Table 3 sets out the process for Wales.

This escalation process is based on HQIP's outlier guidance. Because the information that may trigger a cause for concern can be variable in type and quality, Stage 1 includes a discussion with the HQIP Associate Director to agree the most appropriate process for the case. In some circumstances, this may mean that escalation stages and/or timelines are shortened or omitted; in others, both parties may agree that escalation is not warranted. The HQIP Associate Director will be kept apprised of progress throughout the subsequent escalation process.

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 NAD 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 apprised of the progress of the subsequent escalation process. <p><i>Proceed to stage 2</i></p>	NAD 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>	NAD Clinical Lead	5
3.	Lead Clinician (or equivalent) to provide written response to NAD.	Healthcare Provider Lead	25

		Clinician (or equivalent)	
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 NAD 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. <p><i>Proceed to stage 5</i></p>	NAD Team	20
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 NAD to inform CQC (clinicalaudits@cqc.org.uk) and for the Provider CEO to inform commissioners, NHS Improvement (nhsi.medicaldirector@nhs.net) and relevant royal colleges to be determined jointly by the HQIP Associate Director and the NAD Clinical Lead.</p>	NAD Team	5
6.	<p>Acknowledgement of receipt of the letter confirming that a local review will be undertaken, copying in the CQC (clinicalaudits@cqc.org.uk) as required.</p>	Provider CEO (healthcare)	10
7.	<p>If no acknowledgement received, a reminder letter should be sent to the CEO, copied to CQC (clinicalaudits@cqc.org.uk). If not received within 5 working days, CQC and NHS Improvement notified of non-compliance.</p>	NAD 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 NAD records details formally recorded <p>'Case to answer'</p> <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>	NAD 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.</p>	NAD Clinical Lead	5
3.	Lead Clinician (or equivalent) to provide written response to NAD.	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 NAD records. Details of the provider's response and the review result recorded. 	NAD Team	20

	<ul style="list-style-type: none"> Lead Clinician notified in writing copying in provider organisation CEO and Medical Director. <p>Process ends</p> <p>'Case to answer'</p> <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 NAD Team to inform Welsh Government and relevant royal colleges to be determined jointly by the HQIP Associate Director and the NAD Clinical Lead.</p>	NAD Clinical Lead	5
6.	Acknowledgement of receipt of the letter confirming that a local review will be undertaken, copying in the Welsh Government (wgclinicalaudit@gov.wales) 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 (wgclinicalaudit@gov.wales) notified of non-compliance.	NAD Team	5

For causes of concern arising from information provided by participating sites in a Crown Dependency, the Programme Manager will discuss with the HQIP AD the appropriate steps and levels of notification and proceed as from stage 2.