

Clinical Coding Policy and Process

Department / Service:	Clinical Coding Department/Finance Directorate
Originator:	Victoria Macwhirter Head of Clinical Coding
Accountable Director:	Director of Finance
Approved by:	Information Governance Steering Group Trust Management Committee
Date of Approval:	8 th May 2019
Review Date:	8 th May 2021
This is the most current document and should be used until a revised version is in place	
Target Organisation(s):	Worcestershire Acute Hospitals NHS Trust
Target Departments:	All
Target staff categories:	All

Policy Overview:

To outline the administrative process that supports the production of accurate and timely clinical coding within the Trust.

To outline the audit methodology process that supports the production of accurate and timely clinical coding within the Trust.

Latest Amendments to this policy:

Document extended for 12 months as per TMC paper approved on 22nd July 2015 – **25/08/2017**

Updated into new trust template - **April 2018**

Normal bi-annual date changes - **April 2018**

Inclusion of Team Leader Job Description - **May 2018**

Inclusion of Departmental Restructure - **May 2018**

Inclusion of Senior Clinical Coder Job Description - **May 2018**

Document extended for 6 months whilst review process is undertaken – Katie Osmond – **October 2018**

Inclusion of Head of Clinical Coding Duties and Responsibilities – **October 2018**

Inclusion of Head of Clinical Job Description – **October 2018**

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1. Introduction

- 1.1 To provide accurate, complete, timely coded clinical information to support commissioning, local information requirements and the information required for National Tariff Payment Systems, CMDS, central returns and to support local contract requirements.
- 1.2 To adhere to national standards and clinical coding rules and conventions as mandated by NHS Digital
- 1.3 To input onto the encoder / Patient Administration System (PAS) accurate and complete coded information within designated timescales, to support the information and commissioning requirements of the trust.
- 1.4 To provide accurate, consistent and timely information to support clinical governance and the requirements of the information quality assurance standards contained within the 'Informational Governance Toolkit'.
- 1.5 To ensure all staff involved in the clinical coding process receive regular training to maintain and develop their skills, regardless of experience and length of service.
- 1.6 To ensure continual improvement of coded information within the trust through systematic audit and quality assurance procedures.
- 1.7 To ensure all staff are aware of the trust's security and confidentiality policies when using patient identifiable information.
- 1.8 To provide internal and national clinical coding audits to ensure the Trusts maintains an excellent clinical coding standard.
- 1.9 To ensure clinical validation of clinical coding (**Appendix 2**)

2. Scope of this document

This policy applies to all staff involved with the Clinical Coding Department and processes.

3. Definitions

ICD 10	International Statistical Classification of Diseases and Related Health Problems (10th revision) <i>Published by the World Health Organization</i>
OPCS	Classification of Interventions and Procedures. <i>Published by the NHS Classification Service</i>

4. Responsibility and Duties

Head of Clinical Coding

The Head of Clinical Coding leads the development, implementation and review of clinical coding strategy to promote standards of excellence and compliance with best practice guidelines. This role is pivotal in managing and developing the Trust clinical coding information portfolio and in developing strategic ambitions and goals. The post holder will be the Trust Subject Matter Expert on ICD and OPCS, SNOMED CT, HRGs and all disciplines of classification coding.

Clinical Coding Manager

The person specified above must ensure that all policy decisions detailed in this policy and procedure document are as a result of joint collaboration and understanding of the Clinical Coding Department and that the persons involved in the creation or use of information for coding purposes.

The designated person must also ensure that this document is updated and maintained to ensure the policies and procedures are kept in line with current actives

The person specified above must also ensure that the policies and procedures outlined in this document are achieved by the department.

All Staff

All staff, whether permanent, temporary or contracted, are responsible for ensuring that all policy decisions detailed in this policy and procedure document are as a result of joint collaboration and understanding of the clinical coding department and that the persons involved in the creation or use of information for coding purposes.

5. Policy Detail

- 5.1** All procedures involved in the capture of information for clinical coding purposes are clearly defined in this policy and procedure document. All specialities are covered to ensure compliance and clarification of individual coding processes.
- 5.2** All quality assurance procedures for the Clinical Coding Department are detailed in this document including audit and data quality measures, to ensure continual improvements in the standard and quality of coded data in the trust.
- 5.3** All changes to clinical coding policies and/or procedures are detailed in this document in the appropriate manner to ensure all contributors are in agreement with the current practise. Any alterations to clinical coding practise have change and implementation dates provided and comply with national standards and clinical coding rules and conventions.
- 5.4** All clinical coding policy and procedure decisions made between the coding department and individual clinicians are fully described, agreed and signed by the relevant personnel within this document. All policies or procedures agreed within the documentation do not contravene national standards or clinical coding rules and conventions.
- 5.5** Training plans for members of the Clinical Coding Department and those involved in the coding process, such as information staff, clinicians and administrative staff, are clearly defined in this document.
- 5.6** Details of communication arrangements are detailed in this document to ensure effective dissemination of information regarding coding, resolutions to queries and changes in coding practise to all coding staff and users of the information. **(Appendix 5)**
- 5.7** All confidentiality and security issues which may occur during the coding process are detailed in this document to ensure adherence to local and national polices and have been agreed by the person responsible for the coding staff.
- 5.8** The trust employs a registered Clinical Coding Auditor to carry out Clinical Coding Audits on request of specialities and internal staff audits to ensure high standards in Clinical Coding are maintained.
- 5.9** Clinical Coding Audits are carried out within the Trust using Connecting for Health Clinical Coding Audit Methodology.
- 5.10** Case notes are audited using 3M Medicode software.
- 5.11** Informational Governance audits: A full Clinical Coding Audit report is produced and submitted to the information Governance for approval. Audit recommendations are acted on within an action plan. **(Appendix 7)**
- 5.12** Clinical Coding Practices can be found in **Appendix 1**.

6. Implementation

6.1 Plan for implementation

This policy sets out good practice clinical coding within the Trust. Each departmental head / staff is responsible for the quality and timeliness of the data within the system.

Departmental heads must ensure access to, and compliance with, this policy.

6.2 Dissemination

This updated policy will replace all other versions held on the Trust Intranet site. The updated policy will be added to the weekly brief and a link will be sent to all acute staff. Relevant heads of department will be sent the policy via email and advised it replaces any previous versions of the policy held locally.

6.3 Training and awareness

Clinical Coding training plan included as **Appendix 4**. Clinical coding is included as an integral part of the Fy1 Education Programme on a quarterly basis for all junior doctors, delivered by the Trust Clinical Coding and Data Quality Coding Lead.

7. Monitoring and compliance

See table below

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
Page 4 Section 5.8	The trust employs a registered Clinical Coding Auditor to carry out Clinical Coding Audits to ensure high standards in Clinical Coding are maintained.	An annual Clinical Coding audit schedule is agreed covering specialist audits, staff audits and annual IG audit. This is monitored by the Clinical Coding Auditor	The schedule is based on a monthly audit programme	Head of Clinical Coding	Clinical Coding Manager to review staff audits, Division to review speciality audit, IG Manager to report on IG Clinical Coding Audit	Monthly and annually
Page 4 Section 5.9	Clinical Coding Audits are carried out within the Trust using NHS Digital clinical coding guidelines	The Trust employs a qualified Clinical Coder registered with NHS Digital	Annual review of qualification	Clinical Coding Auditor	NHS Digital audit review panel	Annually
Page 4 Section 5.10	Case notes are audited using 3M Medicode software	3M Medicode software	All clinical coding audits	Clinical Coding Manager	Head of Clinical Coding	PRN
Page 4 Section 5.11	Informational Governance audits: A full Clinical Coding Audit report is produced and submitted for approval.	The IG audit is based on 200 episodes of care	Annually	Head of Clinical Coding	Information Governance Manager	Annually

8. Policy Review

This policy will be reviewed every 2 years by the Clinical Coding Manager in conjunction with the Information Governance Manager and any other relevant staff

9. References

References:

Code:

Data Quality Policy	
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10. Background

10.1 Equality requirements

No equality requirements

10.2 Financial risk assessment

No financial requirements

10.3 Consultation

The policy will be reviewed every 2 years and amend will be in consultation with the Information Governance Steering Group and the Health Records Committee.

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Head of Clinical Coding
Clinical Coding Manager
Information Governance Manager
Assistant Director of Finance

This key document has been circulated to the chair(s) of the following committees / groups for comments;

Committee
Information Governance Steering Group
Trust Management Committee
Data Quality Steering Group

10.4 Approval Process

This strategy will be approved by the Trust Management Committee bi-annually.

10.5 Version Control

Date	Version	Amendment	By:
Mar 2012	WAHT-CG-774V1	Updated into Trust Policy Format	Coding Manager
Mar 2012	WAHT-CG-774V2	Combined with Clinical Coding Audit Policy	Coding Manager
Feb 2015	WAHT-CG-774V2.1	Updated into Trust Policy Format and minor changes	Coding Manager
Apr 2017	WAHT-CG-774V3	Updated relevant terms and Trust policy format	Coding Manager
April 2018	WAHT-CG-774V4	Complete review to include management changes, coding restructure and electronic coding	Coding Manager
October 2018	WAHT-CG-774V5	Updated to relevant sections	Head of Coding

Appendix 1: Clinical Coding Practices Worcester Royal Hospital

- Diagnostic and operative procedures are documented in the written hospital record by the clinician at the time of the patients discharge from hospital.
- Following preparation by the responsible Ward Clerk, case notes/event notes are sent to Xerox scanning centre at Kidderminster via the Xerox collection service at Sky 3 WRH. Notes are scanned as per Trust policy within 48 hours of patient discharge.
- As a last resort some coding will be ward based and completed by a coder visiting the ward.
- Information regarding the patient's diagnosis and procedures are extracted from the scanned event notes by the coding staff.
- Information is translated into the appropriate coded format using ICD10 and OPCS 4.8 classifications and entered onto the 3M Medicode encoding system.

The Alexandra Hospital

- Diagnostic and operative procedures are documented in the written hospital record by the clinician at the time of the patients discharge from hospital.
- Following preparation by the responsible Ward Clerk, case notes/event notes are sent to Xerox scanning centre at Kidderminster via the Xerox collection service at The Alexandra Hospital. Notes are scanned as per Trust policy within 48 hours of patient discharge.
- As a last resort some coding will be ward based and completed by a coder visiting the ward.
- Information regarding the patient's diagnosis and procedures are extracted from the scanned event notes by the coding staff.
- Information is translated into the appropriate coded format using ICD10 and OPCS 4.8 classifications and entered onto the 3M Medicode encoding system.

Kidderminster Hospital

- Diagnostic and operative procedures are documented in the written hospital record by the clinician at the time of the patients discharge from hospital.
- Case notes / Event notes are sent to Xerox scanning centre at Kidderminster following preparation by the responsible Ward Clerk and scanned within 48 hours
- As a last resort some coding will be ward based and completed by a coder visiting the ward.
- Information regarding the patient's diagnosis and procedures are extracted from the scanned event notes by the coding staff.
- Information is translated into the appropriate coded format using ICD10 and OPCS 4.8 classifications and entered onto the 3M Medicode encoding system.

Community Hospitals

- Evesham, Malvern, Pershore, Tenbury and Bromsgrove Community hospitals return notes to the appropriate ward at WAHT within 48hrs of patient transfer. Notes are then prepared and sent for scanning by the responsible Ward Clerk.

Source Documentation

- The source documentation for coding purposes is the patient's case notes available electronically on Ez Notes.
- The Trust's Electronic Health Record contains the electronic discharge summary, operation sheets, validated test results, GP letters and clinical progress notes.

Coding Process

- Coding staff are expected to code all specialities and work on a divisional rotational basis.
- Across the three Trust sites the coders work centrally, (1 maternity coder working in the maternity department at Worcester). Work is scanned and accessed via EZ Notes as part of the Trust's Electronic Health Record. EZnotes sits with the hospital intranet.

Productivity

- Workload is based on external audit recommendations of 7,500 FCE's per whole time equivalent coder.

Coding Software

- The trust uses ICD-10 / OPCS 4.8 classifications, 3M Medicode encoder and NHS Digital's Healthcare Resource Grouper software. Medicode is integrated into Oasis, the Trust's Patient Administration system.

Internal clinical coding targets

- 95% of FCEs (finished consultant episodes) coded within 5 working days after discharge.
- Backlog reports to be run and followed up by divisional teams.

Appendix 2 - Validation of Coded data

1. Internal/external audit programmes for coded in-patient data;

- Internal audits are to be undertaken each month as part of a systematic programme of audit covering all directorates and specialties within 1 month.
- Ad hoc audit is carried out upon request from directorate requests, committee reviews and at management request.
- External audits are to be undertaken once a year on a sample of 200 clinical records.
- HED and GIRFT data is used to compare the Trust's data with comparative peer group hospitals identifying areas for benchmarking and audit target.
- The Information Department produces monthly coding extracts to ensure consistency of coded data.

2. Methodology for internal and external audits;

- Internal audits are undertaken using the 'NHS Digital - data quality audit framework documentation', IMG Reference- 2000-IA-459
- The internal audits are carried out by the Clinical Coding Auditor who has completed the NHS Digital Clinical Coding qualification and is also an NHS Digital Accredited Clinical Coding Auditor.

3. Procedures to implement changes in coding practise as a result of audits;

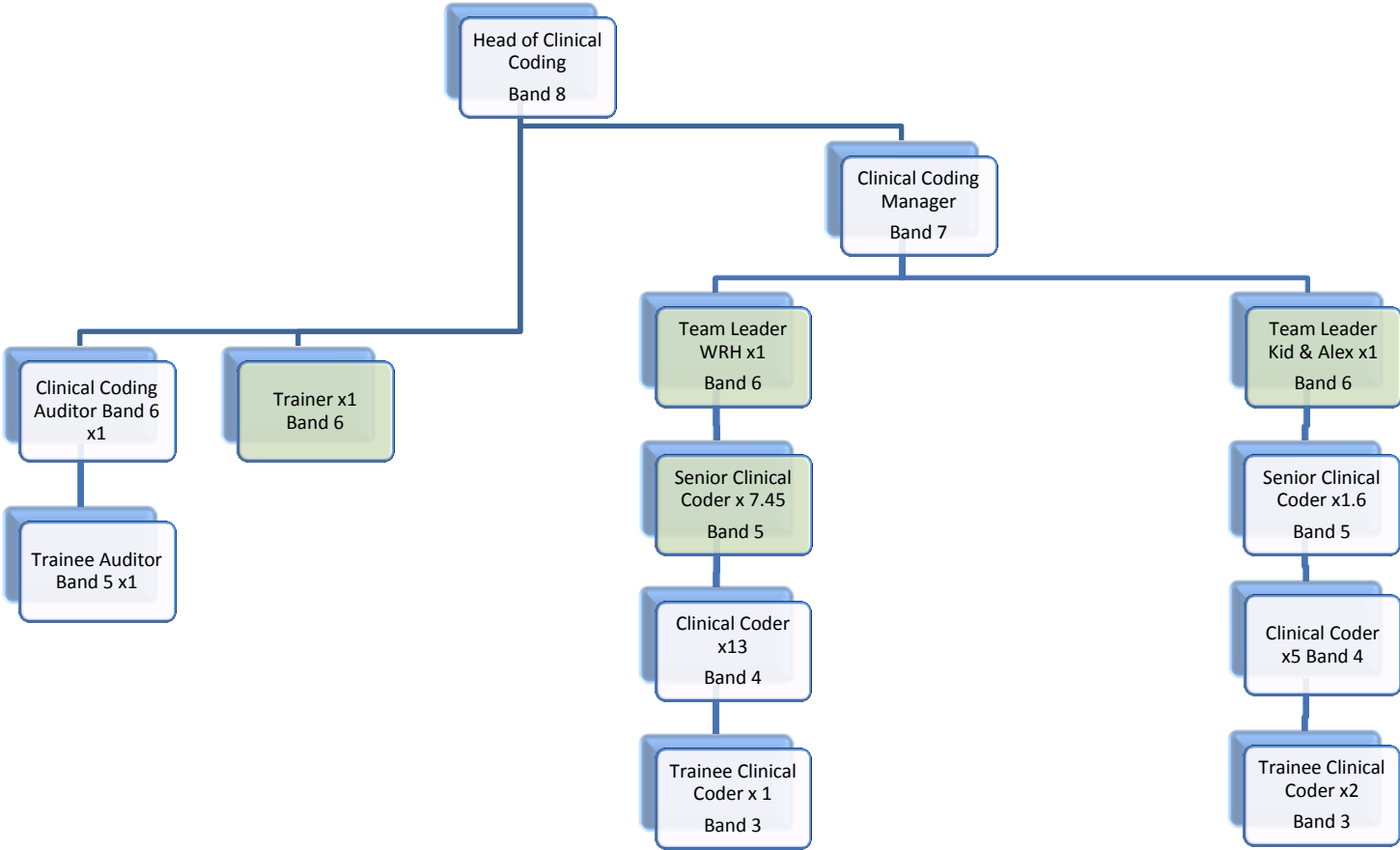
- Changes to coding practice are implemented by the Head of Coding and approved by the Assistant Director of Finance.
- The Auditor makes staff aware of changes in the coding practice and relevant changes are then passed directly on to the information staff.
- The time scale for implementing changes is 1st April. If a change in coding practice or an error in coding is found, the change would be implemented as from the 1st of the following month and the date and details of the change passed on to the coding and information staff.

4. Internal quality assurance measures;

- Every Clinical Coder has between 5 and 10 sets of case notes assessed each month by the Trusts Clinical Coding Auditor to highlight any coding issues.
- The coders will complete and sign a form to acknowledge any changes and alterations in coding practice. (Form A).
- As required, meetings are conducted by the Head of Coding and Coding Manager with the coding staff to review any internal coding issues.

Appendix 3: Departmental Structure

Green = current vacancy



Appendix 4 - Training

Training programme for clinical coders

The following applies to all clinical coding staff employed by the Trust to endorse national standards and the rules and conventions of ICD-10 and OPCS-4.8.

Attendance on the following courses is compulsory;

- All new staff on Trust induction within 1st month of joining the Trust.
- Clinical Coding Standards Course within 6 months of appointment for **all** new trainee coding staff.
- 'Clinical Coding Refresher Training Course' every three years for experienced coders.
- Regular specialist training workshops when courses are available.
- Relevant computer training courses to update IT skills and to reinforce the objectives of the National Programme.

Introduction programme for new and existing staff

- All newly appointed clinical coding staff to the Trust will attend a three-day induction course. This includes training in, security and confidentiality, health and safety, fire training, risk management and manual handling.
- The Clinical Coding Department has an internal training programme which lasts for approximately 2 years. This includes attendance on the Clinical Coding Standards Course (within 6 months of appointment to the department). On-going training and monitoring will be provided throughout the 2 year period by a Team Leader or Senior Clinical Coder.
- After 2 years (or full training) an assessment will be carried out which includes the completion of a in house test broken down into 3 parts;
 - ❖ Anatomy and Physiology and Medical Terminology
 - ❖ ICD 10
 - ❖ OPCS 4.8

There is a 90% pass mark on all 3 parts of the test. On successful completion of the test, a Trainee Coder is promoted to a Clinical Coder, Band 4 position.

Career Structure for Clinical Coding Staff

- As part of their development programme, all coders will be encouraged to take the National Clinical Coding Qualification (NCCQ) when they demonstrate a high level of coding accuracy and confidence.
- Each member of the coding team will have an annual 'Personal Development Review' (PDR) to allocate personal objectives and discuss the 'Knowledge Skill Framework' (KSF) applicable to their post.
- Details of training courses available to coding staff will be issued by the Clinical Coding Manager.

Education of non-coding staff;

- The Clinical Coding Manager is invited to attend directorate meetings to discuss the importance of coding and any directorate issues.

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Appendix 4 cont. - Coding Training Record

Clinical Coder	NCCQ	Standards	Refresher	Refresher Due	Oncology Workshop	Speciality Workshops	Planned Courses
Susan Burge		Feb-04	Oct-14	NA			
Karen Carpenter	Sep-11	Oct-00	Jan-14	Sep-21	Jul-18		
Jonathan Dine		Aug-16		Aug-19	Jul-18		
Bessie Ellis	Mar-18	Aug-16		Aug-19	Jul-18		
James Elliott		Feb-14	Feb-17	Feb-20	Jul-18	Nephrology & Urology November 2015	
Laura Gough-Pugh		Jan-13	Feb-17	Feb-20			
Janet Green		Feb-12	Mar-15	Sep-21	Jul-18		
Sheila Hadland		Oct-05	Jun-16	Jun-19	Jul-18		
Amee Heath		Sep-15		Sep-21	Jul-18		
Victoria Holloway	Sep-11	Oct-05	Jan-17	Jan-20	Jul-18		
Nicola Hooper		Oct-11	Mar-15	Sep-21	Jul-18		
Ian Leech		Dec-09	Nov-16	Nov-19	Jul-18	T and O September 2014	
Wendy Morley		Oct-05	Nov-16	Nov-19	Jul-18		
Charlotte Morrison		Sep-15		Sep-21			
Richard Poyser		Sep-15		Sep-21	Jul-18		
Louise Smyth	Mar-11	Sep-07	Oct-13	Sep-21	Jul-18	O & G Jun 2014 & T and O Sept 2014	
Alison Townson	Sep-05	Oct-01	Jun-16	Jun-19		O & G June 2014	
Debra Wilkins		Oct-01	Jun-14	Sep-21		O & G January 2015	
Sarah Lane	P - Mar-18 T - Mar-19?	Never!	Oct-14	Sep-21	Jul-18		
Susan Owens	Mar-15	Mar-13	Jun-16	Jun-19	Jul-18		

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Bev Barber Sep-13 Jan-04 Nov-15 Nov-18

Trainee Plan Checklist

Resource	Location	Title	Reference	Completed Y/N
TRUD - Basic Intro to ICD-10	Shared Drive	A Basic Introduction to Clinical coding ICD	e learning module 2:2.0	Y
TRUD - Basic Intro to OPCS-4	Shared Drive	A Basic Introduction to Clinical coding OPCS		Y
NCCS ICD (2017)	Shared Drive	Introduction	Page 3	Y
NCCS ICD (2017)	Shared Drive	Data quality	Page 6	Y
NCCS ICD (2017)	Shared Drive	Reference Book	Page 11	Y
NCCS ICD (2017)	Shared Drive	Rules	Page 16	Y
NCCS ICD (2017)	Shared Drive	Conventions	Page 17	Y
NCCS ICD (2017)	Shared Drive	General Coding Standards and Guidance	Page 28	Y
NCCS ICD (2017)	Shared Drive	Chapter XVIII Symptoms and Signs	Page 168	Y
NCCS OPCS 4 (2017)	Delen	Introduction	Page 3	Y
NCCS OPCS 4 (2017)	Delen	Data quality	Page 7	Y
NCCS OPCS 4 (2017)	Delen	Reference Book	Page 11	Y
NCCS OPCS 4 (2017)	Delen	Rules of OPCS-4	Page 24	Y
NCCS OPCS 4 (2017)	Delen	General Coding Standards and Guidance	Page 27	Y
4 Step Coding Process	Shared Drive	The 4 Step Coding Process 3.0	Hscic Training Module	Y
A&P eLearning	Shared Drive	Module 1 - Intro to med terminology and A&P	NPfIT Ref 2004-IA-1579	Y
A&P eLearning	Shared Drive	Module 2 - The musculoskeletal system	NPfIT Ref 2004-IA-1579	Y
A&P eLearning	Shared Drive	Module 3 - The skin	NPfIT Ref 2004-IA-1579	Y
A&P eLearning	Shared Drive	Module 4 - The circulatory system	NPfIT Ref 2004-IA-1579	Y
A&P eLearning	Shared Drive	Module 5 - The nervous system	NPfIT Ref 2004-IA-1579	Y
A&P eLearning	Shared Drive	Module 6 - The respiratory system	NPfIT Ref 2004-IA-1579	Y

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A&P eLearning	Shared Drive	Module 7 - The digestive system	NPfIT Ref 2004-IA-1579	Y
A&P eLearning	Shared Drive	Module 8 - The urinary system	NPfIT Ref 2004-IA-1579	Y
A&P eLearning	Shared Drive	Module 9 - The endocrine system	NPfIT Ref 2004-IA-1579	Y
A&P eLearning	Shared Drive	Module 10 - The reproductive system	NPfIT Ref 2004-IA-1579	
A&P eLearning	Shared Drive	Module 11 - Quiz Module	NPfIT Ref 2004-IA-1579	

Appendix 5 – Departmental Communication

The following is the query mechanism in place for the resolution of internal and external queries relating to coding;

- a) In the first instance reference is made to all current coding material such as the 'Coding Manuals', 'Coding Clinics' and online resources such as Delen and NICE
- b) If a resolution to the query cannot be found, it is referred to the coding team leaders to determine whether the query can be resolved internally.
- c) If the query cannot be resolved internally, it is submitted to Delen by the Clinical Coding Manager
- d) When the resolution to the query is received the Clinical Coding Manager disseminates the response via email using a read receipt to monitor compliance. The Clinical Coding Manager also files the response in the departments shared drive under:
M:\\Acute:ClinicalCoding\\General\\CodingGuidanceandEducation\\LocalCodingGuidance

Internal coding meetings

- The Head of Clinical Coding and the Clinical Coding Manager visit The Alexandra and Kidderminster sites regularly to brief and update staff, cascading any relevant coding/departmental issues.
- Internal coding meetings are held as required with the Clinical Coding Manager and staff, both parties contributing to the agenda. Agenda items include query resolutions; current Trust issues, Trust brief, internal assessments and the minutes are recorded and distributed.
- The Head of Clinical Coding and the Clinical Coding Manager meet with directorate staff and clinicians as required to discuss the importance of accurate and timely coding.
- The Head of Clinical Coding sends an email bulletin each week to update the Team on pertinent issues and upcoming projects/plans each week.

Appendix 6 – Local Policies

Local clinical coding policies are governed by the Trust's Local Coding Ratification policy - overleaf

Current local policies commencing 1st May 2018 are attached below:




 Appendix 6 – Local Policy Ratification
 Process

DATA QUALITY STEERING GROUP

Subject:	Local Clinical Coding Policy Approval Process
Report by:	Sarah Barrett, Head of Clinical Coding
Date:	7 th November 2017
Purpose:	Ensuring Local Clinical Coding Policies are managed centrally with key stakeholder engagement.
Status:	An adverse impact on clinical coding accuracy and consistency was found to on a recent review of current Local Clinical Coding Policies.

1.	<p><u>Situation</u></p> <p>Concerns regarding the Trust's Local Clinical Coding Policies were raised by an external auditor during the January 2017 Information Governance audit. As a means of follow-up a policy review was commenced in September 2017 focussing on the process, governance and accuracy of the policies.</p>
2.	<p><u>Background</u></p> <p>Coded data is not only submitted to HES and used for national benchmarking but is annually submitted to the World Health Organisation and the requirement for consistent coding practices across all NHS organisations is key to maintain accurate, consistent and reliable data.</p> <p>The key driver for the review was a breach in national standards resulting in coding errors. Previous leadership had adopted a philosophy of introducing Local Policies based on Clinician guidance rather than National Standards; this resulted in a deviation from national consistency.</p>
3.	<p><u>Review Findings</u></p> <p>The review of current Local Coding Policies revealed the following findings:</p> <ul style="list-style-type: none"> • Inappropriate methodology – some policies were identified as being introduced purely to drive a higher costed HRG assignment, a practice now stopped. • No clear ownership – several policies reviewed contained no signature/sign off, an example was a policy was signed off by a nurse who could not be located. • Data integrity – several policies were saved as single/multiple power point slides with no commencement date, review date or version control. Reviewers had no idea how long the policy had been in place.



	<ul style="list-style-type: none"> • Lack of stakeholder engagement – any changes of coding policy has significant effects on the information department in relation to the accuracy of capturing coding conventions across time for information reporting and request data. Similarly, changes in coding practice were not reported to the finance teams with a responsibility for notifying the CCGs of coding changes. • Too many policies – the use of too many local policies adds an additional burden to coders workload, external auditor are advised to discourage coding departments from having more than a few essential policies. • Poor staff compliance – during 1:1s with coding staff during July and August 2017, several staff reported that they 'ignored' local policies that they considered to be incorrect and against National Standards, resulting in further concerns around data accuracy.
3.	<p><u>Recommendations</u></p> <p>As the Data Quality Steering Group has membership across the finance, information and clinical teams, it is recommended that ownership for governance and final ratification of the policies sit within the group.</p>
4.	<p><u>Suggested Process</u></p> <ul style="list-style-type: none"> • Policy agreed with lead clinician, coding auditor and trainer. • Policy approved by Head of Coding • Policy approved by Tom Martin, Consultant Coding Lead • Final approval by the DQSG membership
5.	<p><u>Summary</u></p> <p>The impact on National and International data of coding departments 'coding their own way' is highly discouraged by NHS Digital and is a highly unusual practice.</p>

November 7th 2017

Appendix 7 – Audit Action Plan

Clinical Coding Audit Action Plan 2018

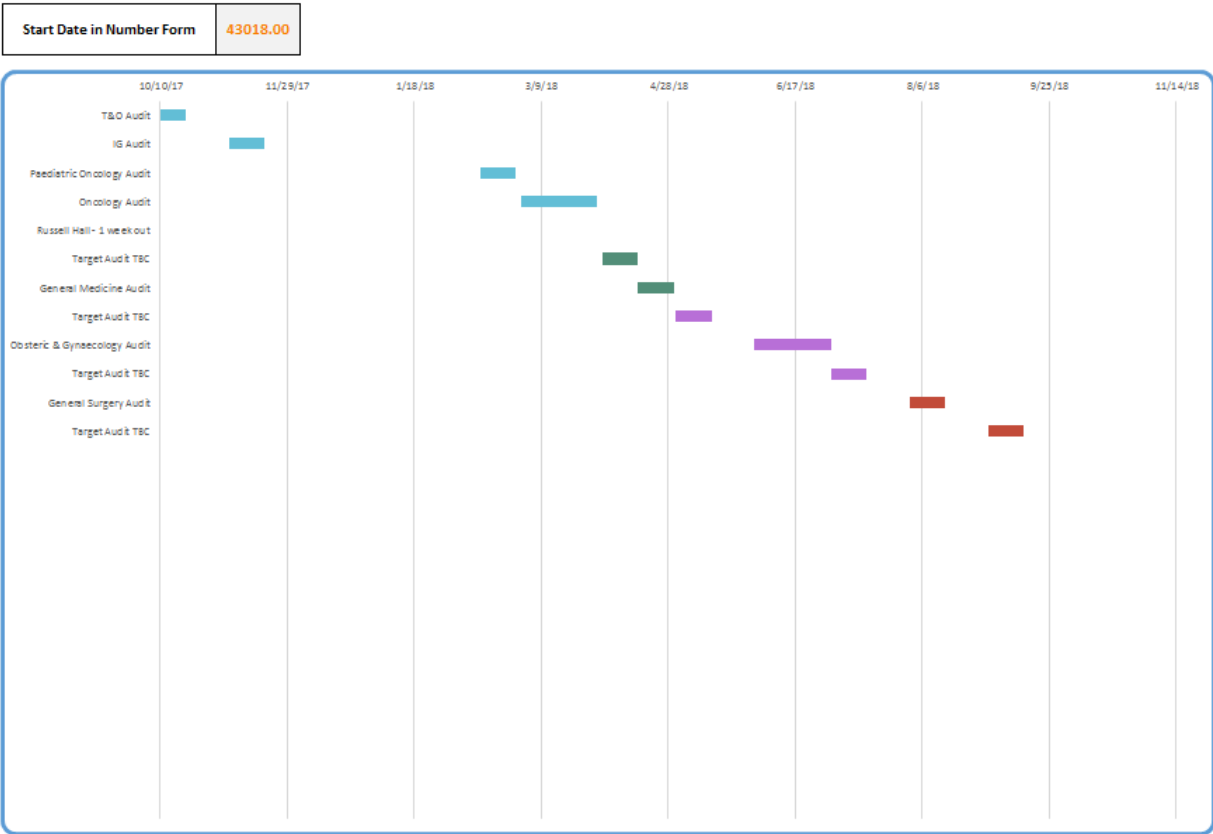
KEY					
Completed			Green		
Progressing well			Yellow		
Not started			Grey		
Delayed, at risk of not being completed on time			Blue		
Not completed on time			Red		
REF	TOPIC	Actions/Comments	RESPONSIBLE PERSON	DUE DATE	STATUS
1	The Trust needs to review the issues identified around incorrect filing within EZ notes.	Issues escalated	SB/Health Record Committee	Apr 2018	Yellow
2	Clinicians need to be made aware of the poor quality of information on the Electronic Discharge Summary and throughout the handwritten notes.	Education session required for Fy1s tackling EDS and handwritten notes.	SB/TM	Dec 2017	Green
3	The Trust needs to ensure that anyone with a responsibility for admitting or transferring patients is made aware of the importance of assigning the correct speciality.	Data Quality Team working with users to improve	DQ Team Infor dept/SB	Apr 2018	Yellow
4	Training issues need to be addressed within the Clinical Coding Department in ensuring all errors identified within this report are cascaded to individual coders. In particular the correct coding of vacuum aspirations in gynaecology needs addressing.	Issues emailed to appropriate team members	AT	Jan 2018	Yellow
5	The Trust needs to review EDS templates, there were several different templates being used and in one example 2 EDS's were available for the same admission containing different diagnostic details. Ref 1*	SB presented issue to Clinical Health Records Committee Feb 2018 – HW to review a potential redesign to ensure the form is easy to complete by clinicians.	HW/SB	Dec2018	Grey
6	Unfortunately contractors are used in times of departmental pressures, often resulting in their work not being checked. However, as 28% of errors were due to one contractor, the Trust needs to review the quality of contractors work on a consistent basis.	Audit programme restarted	TA/AT	August 2018	Yellow



Clinical Coding Audit Programme 2018/2019



Audit	Start Date	End Date	Duration
T&O Audit	10/10/2017	20/10/2017	10
IG Audit	06/11/2017	20/11/2017	14
Paediatric Oncology Audit	13/02/2018	27/02/2018	14
Oncology Audit	01/03/2018	31/03/2018	30
Russell Hall - 1 week out	07/03/2018	07/03/2018	0
Target Audit TBC	02/04/2018	16/04/2018	14
General Medicine Audit	16/04/2018	30/04/2018	14
Target Audit TBC	01/05/2018	15/05/2018	14
Obstetric & Gynaecology Audit	01/06/2018	01/07/2018	30
Target Audit TBC	01/07/2018	15/07/2018	14
General Surgery Audit	01/08/2018	15/08/2018	14
Target Audit TBC	01/09/2018	15/09/2018	14



Clinical Coding Audit Tracker 2018

Date	Specialty/Audit	Reason for audit	Error Type	EDS Present		Comments /Error description	Pre Audit Tariff	Post Audit Tariff	Variance	Coder
				Y/N						
Mar-18	Oncology Audit	Mortality coded data query from HSMR data	PDD		Y	C18.2 original Px diag. Audited to E87.8 electrolyte disorder was main condition treated	FZ92G	KC05J		GSmyth
Mar-18	Oncology Audit	Mortality coded data query from HSMR data	PDIS			C50.9 original Px diag Audited to E83.5 hypercalcaemia was main condition treated	JA12G	KC05J		Vholloway
Mar-18	Oncology Audit	Mortality coded data query from HSMR data	PDO			C32.0 original Px diag. Audited to R13 and Y84.2 as condition treated for dysphagia due to radiotherapy.	CB01E	FZ91L		Lpugh
Mar-18	Oncology Audit	Mortality coded data query from HSMR data	PDIS		Y	C32.1 original Px diag. Audited to A41.9 septicaemia treated with IV antibiotics	CB01B	DZ24L		Slane
Mar-18	Oncology Audit	Mortality coded data query from HSMR data	PDIS		N	C787 original px Diag. Audited to E87.5 as hyperkalemia was main condition treated.	GC12H	KC05L		GSmyth
Apr-18	Diabetes	Link between Diabetes and Ulcer	SDNR x 3		Y	Patient did not have Type 2 Diabetes or history of a stroke	YQ10B	YQ10C		Slane
Apr-18	Diabetes	Link between Diabetes and Ulcer	PDIS		Y	Sepsis was only mentioned on a&e admission not mentioned again EDS States MCT as CAP 4 episodes	WJ06E	DZ11N		Ileech
	Diabetes	Link between Diabetes and Ulcer	SDO		Y	treated Constipation	WJ06E	DZ11N		
Apr-18	Diabetes	Link between Diabetes and Ulcer	SD3		N	L97 Coded but could only find documentation but TV of SDTI which is coded to pressure ulcer 3 episodes	WJ06J	WJ06J		Ahands
Apr-18	Diabetes	Link between Diabetes and Ulcer	SD4		Y	Lower Lobe Consolidation documented pg 14 and 23	AA24C	AA24C		GSmyth
Apr-18	Diabetes	Link between Diabetes and Ulcer	SD4		Y	EDS States CCF	WJ03D	WJ03D		GSmyth
Apr-18	Diabetes	Link between Diabetes and Ulcer	SD3		Y	Patient on Warfarin fo AF	WJ03D	WJ03D		GSmyth
Apr-18	Diabetes	Link between Diabetes and Ulcer	SD0		Y	PMH on pg 3 States NSTEMI Ref88	WJ03D	WJ03D		GSmyth
Apr-18	Diabetes	Link between Diabetes and Ulcer	SDNR x 2		Y	I cannot find obesity or Leg ulcer on this episode of care	WJ03D	WJ03D		GSmyth
Apr-18	Diabetes	Link between Diabetes and Ulcer	PDIS		Y	No Link that it is diabetic ucler (even though most probably is)	YQ23A	YQ23A		Slane
Apr-18	Diabetes	Link between Diabetes and Ulcer	SD4		Y	No Link that it is diabetic ucler (even though most probably is)	YQ23A	YQ23A		Slane
Apr-18	Diabetes	Link between Diabetes and Ulcer	SD4		Y	BMI 41 on MUST form 3 episodes	KB03C	KB03C		LSmyth
Apr-18	Diabetes	Link between Diabetes and Ulcer	PD4		D	Chronic Resp failure documented pg29 & 33 2 episodes	DZ27P	DZ27M		GSmyth
Apr-18	Diabetes	Link between Diabetes and Ulcer	SDO x 2		D	catherterised due to retention of urine / Notes state treated for LVF pg 42 5/1	DZ27P	DZ27M		GSmyth
Apr-18	Diabetes	Link between Diabetes and Ulcer	SPO		D	catherterised due to retention of urine	DZ27P	DZ27M		GSmyth
Apr-18	Diabetes	Link between Diabetes and Ulcer	SDO		Y	Pressure Ulcer documented TV page 28 20/12/17	EB03C	EB03C		AHAands
Apr-18	Diabetes	Link between Diabetes and Ulcer	SDO		Y	Hemiplegia documented pg 34 & 37 DCS.VI.3	AB35C	AB35B		SIDHUA
Apr-18	Diabetes	Link between Diabetes and Ulcer	SDO		Y	Pulmonary hypertension Documented on EDS and notes 27/10 2episodes	EB03B	EB03B		Ileech
Apr-18	Diabetes	Link between Diabetes and Ulcer	SDO		Y	BMI 33 on MUST form	YR11A	YR11A		Slane
Apr-18	Diabetes	Link between Diabetes and Ulcer	SDO x 3		Y	Falls ref 88 BMI 34 LP Ro2 gangrene 3episodes	DZ11S	DZ11S		SIDHUA
Apr-18	Diabetes	Link between Diabetes and Ulcer	SDNR		Y	? Cognitive impairment does not index to this and as only states ? Do not code	DS11S	DS11S		JDine
Apr-18	Diabetes	Link between Diabetes and Ulcer	PD3		Y	Does not state Pneumonia due to strep EDS states aspiration pneumonia 2 episodes	DZ11N	DZ24L		JDine
Apr-18	Diabetes	Link between Diabetes and Ulcer	SDO		Y	Bed Bound documented DCS.XIII.3 2episodes	DZ24P	DZ24P		Ileech
Apr-18	Diabetes	Link between Diabetes and Ulcer	SD3		Y	Cognitive imparment if not stated as mild(essential Modifier) 2episodes	DZ24P	DZ24P		Ileech
Apr-18	Diabetes	Link between Diabetes and Ulcer	PPO		Y	NIV Commenced EDS + NotesPCSE4	DZ27T	DZ37A		Ileech
Apr-18	Diabetes	Link between Diabetes and Ulcer	SDO x 8		N	aki Dehydration CKD3 I20.9 Ni33 R638 Z751 R296 I951 all missed 3 episodes but not all on 3 episodes	JD07G	JD07F		DWilkins

Appendix 8 – Job Descriptions

Below are the current Job Descriptions for roles within the Clinical Coding Department:



Trainee Clinical
Coder - JD.doc



Clinical Coder -
JD.docx



Senior Clinical Coder
- JD FINAL.docx



Coding Mentor
Trainee Auditor -JD-F



-JD-July 2017.docx
Coding Manager



Clinical Coding Team
Leader - JD v2.docx



Job Spec - Head of
Clinical Coding.docx

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the Policy/guidance affect one group less or more favourably than another on the basis of:		
	• Age	No	
	• Disability	No	
	• Gender reassignment	No	
	• Marriage and civil partnership	No	
	• Pregnancy and maternity	No	
	• Race	No	
	• Religion or belief	No	
	• Sex	No	
	• Sexual orientation	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the Policy/guidance likely to be negative?	N/A	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the Policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval