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 Data Quality Steering Group Trust Management Committee
Date of Approval:	6th July 2022
Review Date: **This is the most current document and should be used until a revised version is in place**	6th July 2025
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** Inclusion of updated Job descriptions **– March 2021** **August 2022** Appendix 1 amended to reflect home working practices.

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1. Introduction

1.1 To provide accurate (*based on knowledge at the time), complete, timely coded clinical information to support commissioning, the information required for National Tariff Payment Systems, CMDS (Centre for Media, Data and Society), national regulatory requirements, national projects and to support local contract and intelligence modelling.

1.2 To adhere to national standards and clinical coding rules and conventions as mandated by NHSE/I

1.3 To input onto the encoder / Patient Administration System (PAS) accurate* and complete coded information within designated timescales (5 days post discharge to allow for scanning), 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 'DSP (Data Security and Protection) 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) *Published by the World Health Organization*
OPCS	Classification of Interventions and Procedures. *Published by the NHS Classification Service*

4. Responsibility and Duties

Head of Clinical Coding
The Head of Clinical Coding leads the development, implementation and review of the 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 guidance 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.

All Staff
All staff, whether permanent, temporary or contracted, are responsible for ensuring that all policy guidance 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.

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 is disseminated to the team and stored on a central drive 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 Coded episodes 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 best 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, Failure to comply may result in the implementation of the performance management policy or the disciplinary 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: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	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 DSP audit is based on 200 episodes of care	Annually	Head of Clinical Coding	Information Governance Manager	Annually

8. Policy Review

This policy will undertake a major review every three years, but content will be reviewed annually to ensure any changes to systems are updated and included.

9. References

References: Code:

Data Quality Policy	
Information Governance and data and security toolkit guidance	

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 annually, 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
March 2021	**WHAT-CG-774V6**	Updated relevant sections	Head of Coding
May 2022	**WHAT-CG-774V7**	Reviewed and amended for new practices.	Head of Coding

Appendix 1: Clinical Coding Practices – Worcestershire Acute Hospitals Trust

- Diagnostic and operative procedures are documented in the written hospital record by the clinician. At the time of the patients discharge from hospital the patient will be flagged as uncoded.
- Following preparation by the responsible Ward Clerk, case notes/event notes are sent to Xerox for scanning. Notes are scanned as per Trust policy within 48 hours of patient discharge, this process will change with the full implementation of Sunrise IPR
- 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 360 encoding system.
- The majority of the Team are now homeworkers; due to the availability of case notes through the scanned documents workloads are no longer site specific.
- The Clinical Coding team does not have responsibility for the coding of A&E episodes or Out Patient procedures.

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 team will move to a hybrid of scanned documents and Digital records until full implementation of EPR Sunrise.
- 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 ward rotational basis.
- Across the three Trust sites there are facilities for the coders work centrally, the COVID pandemic has expanded the ability of the team to work from home. Work is scanned and accessed via EZ Notes as part of the Trust's Electronic Health Record. EZnotes sits with the hospital intranet via the CLIP portal. Coders are able to undertake their duties from home using AWINGU (a remote access App).
- Coders are allocated specific wards to code, they are able to access a worklist related to their area via the Clinical Coding dashboard.

Productivity

- Workload is based on external audit recommendations of 7,500 FCE's per whole time equivalent coder. Productivity is monitored via the Clinical Coding dashboard.

Coding Software

- The trust uses ICD-10 / OPCS 4 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 undertaken each month as part of a systematic programme of audit covering all directorates and specialties. The Trust used 3M DQA (Data Quality Assurance) and MHA (Medical History Assist) audit tools in order to highlight potential errors and provide continuous improvement and assurance of coding quality.
   - 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.
   - Individual staff audits are carried out at least once per year.

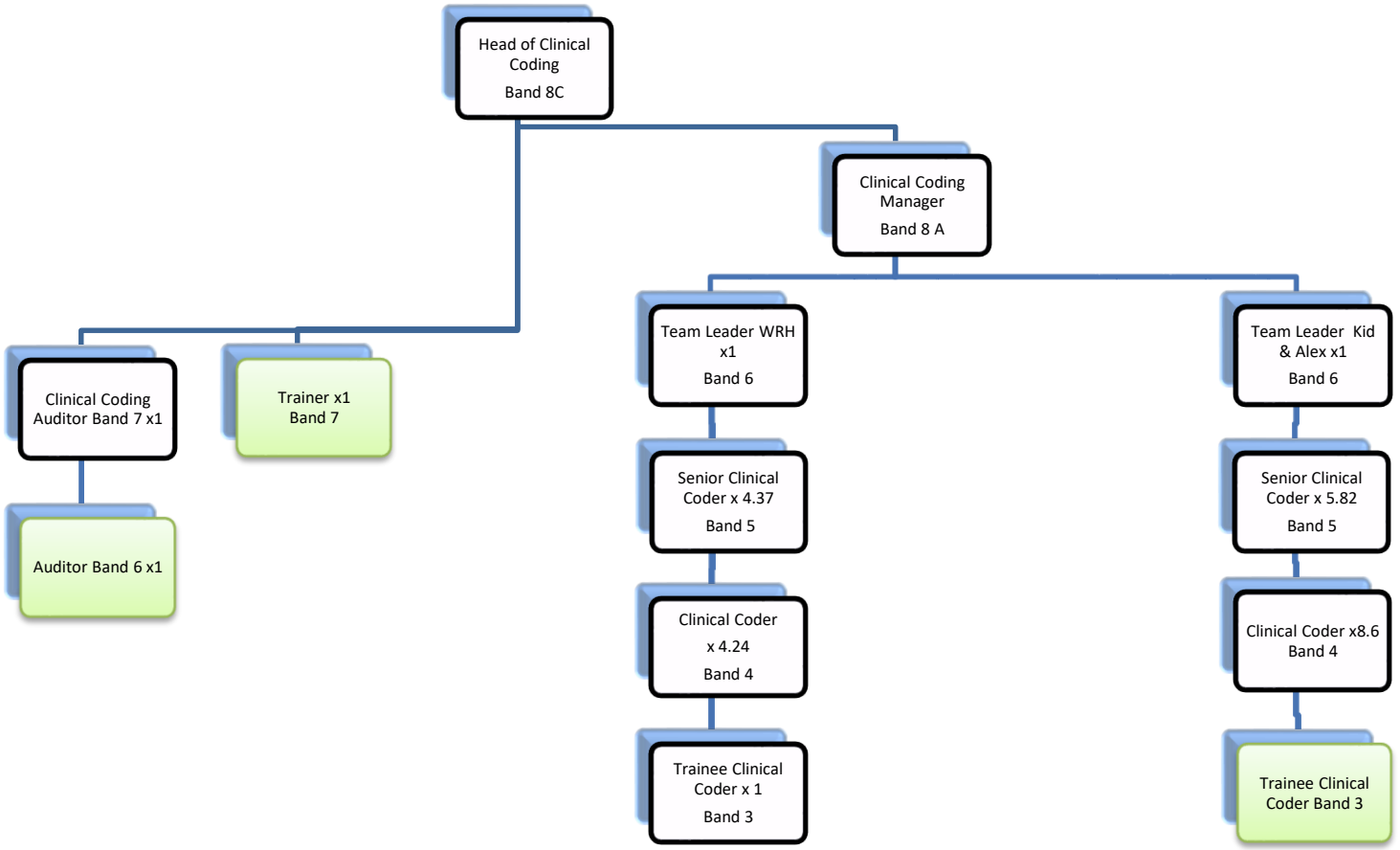
2. **Methodology for internal and external audits;**
   - Internal audits are undertaken using the 'NHS Digital - data quality audit framework documentation', IMG Reference- 2000-IA-459
   - The internal audits are carried out by the Clinical Coding Auditor who has completed the NHS Digital Clinical 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 25 sets of case notes assessed each annually by the Trusts Clinical Coding Auditor to highlight any coding issues combined with validation via the DQA and MHA systems.
   - 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
Attendance on the following courses is compulsory;

- All new staff on Trust induction within 1st week where possible.
- 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 the mandated induction course. This includes training in, security and confidentiality, health and safety, fire training, risk management and manual handling. New staff will also be required to undertake some elements of E learning via ESR. As part of mandatory training all coders are required to undertake Information Governance training to maintain knowledge around data protection, due to the sensitivity of the work undertaken.

- 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

    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.

Appendix 4 cont. - Coding Training Record

Clinical Coder	NCCQ	Standards	Refresher	Refresher Due	Oncology Workshop	Speciality Workshops	Planned Courses
Karen Carpenter	**Sep-11**	Oct-00	Oct-18	Sep-24	Jul-18	Vascular feb 20	
Bessie Ellis	**Mar-18**	Aug-16	Nov-19	Nov-22	Jul-18	Vascular feb 20	
James Elliott		Feb-14	Jun-20	Jun-23	Jul-18	Nephrology & Urology November 2015	
Janet Green		Feb-12	Oct-18	Sep-24	Jul-18		
Sheila Hadland		Oct-05	Jul-19	Jul-22	Jul-18		
Amee Heath		Sep-15	Oct-18	Sep-24	Jul-18		
Victoria Holloway	**Sep-11**	Oct-05	Jun-20	Jun-23	Jul-18	Vascular feb 20	
Nicola Hooper		Oct-11	Oct-18	Sep-24	Jul-18		
Ian Leech		Dec-09	Nov-19	Nov-22	Jul-18	Trauma and Orthopedic September 2014	
Wendy Morley		Oct-05	Jul-19	Nov-22	Jul-18		
Charlotte Morrison		Sep-15	Oct-18	Sep-24			
Richard Poyser		Sep-15	Oct-18	Sep-24	Jul-18		
Louise Smyth	**Mar-11**	Sep-07	Oct-18	Sep-24	Jul-18	Obstretric & Gynaecology Jun 2014 & Trauma and Orthopaedic Sept 2014	
Alison Townson	**Sep-05**	Oct-01	Jul-19	Jul-22		Obstretric & Gynacology June 2014	
Debra Wilkins		Oct-01	Oct-18	Sep-24		Obstretric & Gynacology January 2015	
Sarah Lane	**P - Mar-18 T - Mar-19?**	Never!	Oct-18	Sep-24	Jul-18	Vascular feb 20	
Susan Owens	**Mar-15**	Mar-13	Nov-19	Nov-22	Jul-18		
Bev Barber	**Sep-13**	?????	Jan-19	Jan-22		Vascular feb 20	
Hannah Cox	Sep-13	Sep-10	Nov-19	Nov-22		Vascular feb 20	

Alex Jones		Sep-17	Jun-20	Jun-23	
Diane Jones	2007	Jun-03	Aug-18	Aug-24	Vascular feb 20
Samantha Lorriman		Sep-14	Nov-19	Nov-22	
Ben Kelleher	2012	Jan-09	Jun-20	Jun-23	Vascular feb 20
Amandeep Sidhu	2016	Jul-14	Jul-18	Jul-24	Vascular feb 20
Sharon Reeves		Mar-17	Aug-19	Aug-22	
Elena Pimintel		Feb-20		Feb-22	
Sean Campbell	2017	Jul-15	Jun-18	Jun-24	
Kris Benting	Sep-11	Jun-05	Jun-20	Jun-23	
Claire Jones	Sep-13	Jul-08	Jan-20	Jan-23	
Paul Richards		Sep-18		Sep-23	

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
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) Queries are posted on Teams chat in order to get advice from colleagues.
c) 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.
d) If the query cannot be resolved internally, it is submitted to Delen by the Clinical Coding Manager
e) 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 hold monthly Team meeting via Teams 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 Clinical Coding Manager sends an email bulletin each week to update the Team on pertinent issues and upcoming projects/plans each week.
- The global pandemic has made other methods of communication essential with the use of Teams meetings and SLACK, all of which will be maintained due to the increase in homeworking and increased flexibility.

Appendix 6 – Local Policies
Local clinical coding policies are governed by the Trust's Local Coding Ratification policy - overleaf

In the event a Local Policy is required the following ratification process is to be followed. No new Local Policies have been introduced since December 2018.

LP001 - Cancer Patients Receiving Blc

LP002 - FESS & FENS.pdf

LP004 - Body Mass Index (BMI).pdf

LP005 - Cardiac Procedures carried ou

LP006 - Peripheral Atherosclerosis.pdf

Appendix 6 – Local Policy Ratification Process

NHS Worcestershire Acute Hospitals NHS Trust

DATA QUALITY STEERING GROUP

Subject:	**Local Clinical Coding Policy Approval Process**
Report by:	**Sarah Barrett, Head of Clinical Coding**
Date:	**7th 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.	**Situation** 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.
2.	**Background** 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. 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.
3.	**Review Findings** The review of current Local Coding Policies revealed the following findings: • **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.

NHS Worcestershire Acute Hospitals NHS Trust

	• **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.	**Recommendations** 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.
4.	**Suggested Process** • 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.	**Summary** 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.

November 7th 2017

Appendix 7 – Audit Action Plan

Clinical Coding Audit Action Plan 2021/2022

KEY	
Completed	
Progressing well	
Not started	
Delayed, at risk of not being completed on time	
Not completed on time	

REF	TOPIC	Actions/Comments	RESPONSIBLE PERSON	DUE DATE	STATUS
1	Reduce uncoded rate at the 5th working day in order to achieve the 95 % coded target.	Current delays in scanning due to COVID 19. Review of staffing levels.	VM/GS	Dec 2022	
2	Refine in house training programme and develop bespoke workshop material that relates to our activity that can be completed electronically, virtually or in person.		VM/GS	April 2023	
3	Refine the Audit plan.		AT/GS	Aug 2023	
4	Improve coding integration with Finance and the wider organisation.		VM/GS/AT	April 2023	
5	Technology - Purchase and implement Medicode 360. Introduce DQai.		VM	July 2022	
6	Implement new style coding dashboard		GS	Dec 2021	

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

Auditor JD Sept 19 - Shortcut.lnk

Clinical Coding Manager JD 8a sept 19 - Shortcut.lnk

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