

4.3

WAO Clinical Coding Follow-up Update

Presenter: WAO/Karen Miles

SBAR WAO Clinical Coding Update ARAC October 2019

For Information: Original WAO Report Clinical Coding April 2019

**PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 October 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	WAO Clinical Coding Follow-up Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Karen Miles, Director of Planning, Performance, Informatics and Commissioning
SWYDDOG ADRODD: REPORTING OFFICER:	Anthony Tracey, Assistant Director of Informatics

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this paper is to provide an update to the Audit & Risk Assurance Committee (ARAC) on progress in implementing the Wales Audit Office (WAO) follow-up review of Clinical Coding within Hywel Dda (1175A2019-20) and the Internal Audit Reporting into health records (HDUHB-1819-33).

At the ARAC meeting in April 2019 (action AC(19)49), a number of the Independent Members noted that there were similar observations within each report, and expressed concern regarding a lack clarity around ownership of the issues. In light of this, the Director of Planning, Performance, Informatics and Commissioning committed to lead on a piece of work to bring together the different aspects, in order to progress the achievement of the recommendations.

Cefndir / Background

In April 2014, the WAO reported their findings for Hywel Dda and concluded that the Health Board gives clinical coding a high profile, supporting it with a good level of investment, and is focused on improving the quality of management information although further improvements to local practices are required. More specifically, they found that:

- The importance of clinical coding to support the effective operation of its business was recognised in the Health Board although more needed to be done to raise the profile of medical records and focus on accuracy.
- Many aspects of the clinical coding process were sound however clinical engagement was sometimes lacking, medical records were often poor, and some records took a long time to be coded.
- Clinical coded data was used appropriately and met the Welsh Government standards for timeliness and completeness, however some coding was inaccurate, and the Board were not aware of the inaccuracies or its implications.

As a result, WAO made several recommendations, which focused on the need to:

- Improve the management of medical records;
- Strengthen clinical coding resources;
- Further build Board engagement and resources; and

- Strengthen engagement with medical staff.

As part of the Auditor General's 2018 Audit Plan for the Health Board, WAO have examined the progress made in addressing the recommendations set out in the 2014 Review of Clinical Coding and any resulting improvement in performance. They concluded that coding continues to be a low priority for the Health Board and non-compliance with the completeness target is impacting on overall improvement in accuracy and staff morale. The use of coding data as business intelligence remains underdeveloped and there is still considerable room for progress against their previous recommendations.

Asesiad / Assessment

ARAC received an update at their June 2019 meeting, and this paper provides details of progress to date against the timelines. In order to provide a composite view of all the recommendations, Appendix 1 provides further detail on the recommendations of the WAO and the Internal Audit report, and these have been further sub-divided into specific proposed Director leads, to ensure ownership. The Health Records Group, which is a group of the Information Governance Sub-Committee (IGSC) was tasked to action the Health Records elements, and IGSC will consider the clinical coding elements within the already established standing agenda item

A summary of the actions and their RAG status is included below:

Previously Reported

Audit Report	Complete	In Progress	Overdue	Total Recommendations
Wales Audit Office Report - 1175A2019-20	4	6	5	15
Internal Audit Report (H DUHB-1819-33)	-	-	-	-
Total	4	6	5	15

Updated as at September 2019

Audit Report	Complete	In Progress	Overdue	Total Recommendations
Wales Audit Office Report - 1175A2019-20	8	7	0	15
Internal Audit Report (H DUHB-1819-33)	7	2	0	9
Total	15	9	0	24

Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is asked to note the contents of this report and take assurance regarding progress to date

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	5.3 In carrying out this work, the Committee will primarily utilise the work of Internal Audit, Clinical Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	No specific risk are contained within the document, the projects outlined are reflected within the Informatics and Corporate Risk Register. Risk Register Reference 371, with a risk score of 20
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.4 Information Governance and Communications Technology 5. Timely Care 3.5 Record Keeping
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termiau: Glossary of Terms:	Included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Business Planning and Performance Assurance Committee Information Governance Sub-Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The lack of clinical coding information impacts the statutory costing returns

Ansawdd / Gofal Claf: Quality / Patient Care:	Poor quality data could result in misidentification of patients along with service changes without a full accurate picture The lack of clinical coding records affect the use of data for secondary uses, such as audit, mortality reviews
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

Appendix 1 – Composite table of the WAO (1175A2019-20) and Internal Audit (HDUHB-1819-33) Recommendations

Recommendation / Finding	Original Reporting Status	Summary of progress / Management Response	Lead Director and Officer	Target date for implementation	September 2019 update
Wales Audit Office Report - 1175A2019-20					
Management of Medical Records					
R1 Improve the management of medical records to ensure that the quality of, and access to, medical records effectively supports the clinical coding process. This should include:					
a) improving engagement between the medical records and clinical coding teams.	In progress	Clinical coding staff reported good relationships with health records staff across the Health Board. The Clinical Coding Manager recently met with the Health Records Manager for Carmarthenshire to discuss the processes in place between health records and clinical coding. They were satisfied that they were working well. Clinical coding staff pull the majority of case notes from the filing libraries at Glangwili Hospital, Prince Philip Hospital, and Bronglais Hospital. Coding staff at Withybush Hospital can ask health records staff at Prince Philip Hospital to pull notes to be sent to the relevant site for coding. Access to the health records library at Withybush Hospital has been restricted through the introduction of locks. Clinical coders do have access although they must ring to gain entry. This slows down retrieval of case notes. The Director of Planning, Performance, Informatics and Commissioning intends to strengthen the Health Records Group to provide a focus for issues associated with effective health records management.	Lead Director(s) Director of Planning, Performance, Informatics and Commissioning Deputy Chief Executive/ Director of Operations Lead Officer(s) Assistant Director of Informatics / Deputy Director of Operations	Included in a wider action plan for Health Records to be developed by August 2019	Complete. The Clinical Coding Manager and Head of Health Records, and Deputy Health Records Managers are members of the Health Records Group, and processes have been agreed to ensure that access to notes is improved.
b) removing the use of temporary records, including poly-pockets and ensure files are merged into the master patient record.	Overdue	Temporary notes and poly-pockets are still in use across the organisation. The Health Board's self-assessment response indicated that the numbers received into coding offices are not high. However,	Lead Director(s) Director of Planning, Performance, Informatics and	Included in a wider action plan for Health Records to be agreed by September 2019, with an implementation plan for	In Progress An action plan has been developed via the Health Records Group (please see

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		clinical coders across the Health Board told us that the situation had deteriorated over the period since our last review. There has been a decline in the organisation, maintenance and condition of individual patient case note folders because of greater movement of patients around the Health Board and shorter lengths of stay. Both factors add to the challenge of ensuring the notes are maintained in line with standards, and available when needed by clinical coding teams as well as clinicians. A note is entered in Medicode whenever a poly-pocket is used as the source for coding. If an audit of the full case note is subsequently carried out, there will then be a flag to indicate that it was not available at the time of coding.	Commissioning Deputy Chief Executive/ Director of Operations Lead Officer(s) Assistant Director of Informatics / Deputy Director of Operations	completing the engagement and enforcement work to be completed within 8 months from agreement of policy	Appendix 2) The Health Records Group has agreed to focus on the correct Tracking of Patient Records, with Temporary notes and poly-pockets looking to be addressed following this work.
c) reinforcing the Royal College of Physician standards across the health board.	In progress	A clinical coding PowerPoint presentation was due to be emailed to all consultants at the time of our fieldwork. This was to include the 'Royal College of Physicians Top ten tips for coding – a guide for clinical staff'. It is a one-off occurrence. We are not aware of ongoing activities to ensure that the standards are promoted.	Lead Director(s) Medical Director Lead Officer(s) Assistant Director, Medical Directorate	This action is subject to a follow-up internal audit report, where a full action plan will need to be developed	Complete
d) providing training for ward clerks and other staff in relation to their responsibilities for medical records.	Overdue	There is no ongoing programme of training to ensure that ward clerks maintain records in line with professional standards. Coding staff said that the standard of practice amongst ward clerks is highly variable, and there is no real ownership of the notes in some wards. Ward clerks are managed by individual specialties and wards. This increases the need for ongoing communication (with ward staff in general as well as with ward clerks) about the importance of maintaining standards of practice and for the provision of training.	Lead Director(s) Director of Planning, Performance, Informatics and Commissioning Deputy Chief Executive/ Director of Operations Lead Officer(s) Assistant Director of Informatics /	Included in a wider action plan for Health Records to be agreed by September 2019, with an implementation plan for completing the engagement within 8 months from agreement of plan	In Progress The Head of Information Governance and Head of Health Records have agreed that joint IG and Health Records training will commence from January 2020. Rooms are currently being secured at each site to allow staff to attend. Staff will be trained in IG at the same time to improve the IG compliance.

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			Deputy Director of Operations		<p>We anticipate this work will take 4-6 months to complete with a number of sessions being held in all sites.</p> <p>Original Timescale: - Sept 2019</p> <p>Revised Timescale – Training to begin December 2019 for 4-6 months</p>
<p>e) improving compliance with the medical records tracker tool within the Myrddin Patient Administration System.</p>	Overdue	<p>All the clinical coding teams are asked to track case notes correctly using the Myrddin Patient Administration System. The Health Board's self-assessment indicated that this always happens, except for when case notes are collected from a ward in the morning and returned that afternoon. However, coding staff indicated that case note tracking is generally poor, except at Withybush Hospital.</p>	<p>Lead Director(s) Director of Planning, Performance, Informatics and Commissioning</p> <p>Deputy Chief Executive/ Director of Operations</p> <p>Lead Officer(s) Assistant Director of Informatics</p> <p>Deputy Director of Operations</p>	<p>Included in a wider action plan for Health Records to be agreed by August 2019, with an implementation plan for completing the engagement within 12 months from agreement of plan</p>	<p>In Progress</p> <p>An action plan has been developed via the Health Records Group (please see Appendix 2)</p> <p>The Tracking of Records will be the focus of the Health Records Group for the next 6 months with a review at the end of this period along with lessons learned. The work plan suggests a number of phases to the work, ensuring that there are feedback loops and reviews.</p> <p>Timescale – 16 months, based around 4 x 4 month PDSA cycles</p>
<p>f) putting steps in place to ensure that coders have early access to medical records for patients transferring to South Pembrokeshire Hospital prior to transfer.</p>	Implemented	<p>An internal process has been established to inform the coding department about patients who are to be transferred to South Pembrokeshire Hospital (SPH). The relevant case notes are then coded before the patient leaves the site. A coder visits SPH once a month to code any episodes which have been missed.</p>	<p>Lead Director(s) Director of Planning, Performance, Informatics and Commissioning</p> <p>Lead Officer(s) Assistant</p>	Complete	Complete

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			Director of Informatics		
Clinical Coding Resources					
R2 Strengthen the management of the clinical coding teams to ensure that good quality clinical coding data is produced. This should include:					
a) reviewing the supervisory arrangements for Prince Philip Hospital to ensure that staff do not feel isolated.	Implemented	<p>Clinical coding management team arrangements have been strengthened since our previous audit. This includes the appointment of a Clinical Coding Manager with responsibility for all coding teams and two coding team supervisors, one at Withybush Hospital and the other who supervises at Bronglais, Glangwili and Prince Philip hospital. However, arrangements have been significantly compromised by prolonged sickness absence of the supervisor covering three sites, and despite the introduction of mitigating interim arrangements.</p> <p>While staff at Prince Philip Hospital commended the Clinical Coding Manager for the cover he has personally provided, the situation has affected their morale. In addition, consultants do not appear to be interested in the work that they do.</p>	<p><u>Lead Director(s)</u> Director of Planning, Performance, Informatics and Commissioning</p> <p><u>Lead Officer(s)</u> Assistant Director of Informatics</p>	Complete	Complete
b) extending the range of clinical information systems that coders have access to, including the operating theatres system.	In progress	<p>The clinical coding team have access to the operating theatres module of the National Patient Administration System. However, there is inconsistent clinical practice in the use of the theatres module, NPAS functions in general, and other key systems that support the coding process like ChemoCare3 and the Welsh Clinical Portal. Work had recently commenced to examine whether there are additional systems which could be utilised by the coding team to assist in the coding process. It was too early for any findings to be made available. Second computer screens are gradually being made available to individual clinical coders to assist</p>	<p><u>Lead Director(s)</u> Director of Planning, Performance, Informatics and Commissioning</p> <p><u>Lead Officer(s)</u> Assistant Director of Informatics</p>	Complete	Complete

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		and expedite the coding process.			
c) ensuring all staff receive consistent feedback on issues raised through validation and audit from all sites.	In progress	None of the coders are currently qualified to audit coding work. In 2017-18 it was decided to have a supervisor and a coder carry out an audit of 30 case notes each month and to feedback the results directly to individual coders. The arrangement was suspended so that all coding team resources could be directed towards clearing the coding backlog. At the time of our fieldwork the situation had not changed. The Coding Manager carries out data quality checks when time allows. However, his time has been heavily committed to providing a presence on each site to mitigate for the long-term sickness absence of one of the two coding team supervisors.	Lead Director(s) Director of Planning, Performance, Informatics and Commissioning Lead Officer(s) Assistant Director of Informatics	Until additional resources are made available this recommendation will be placed on hold. If the Executive Team wish this to be progressed, there will be effect on the coding completeness. As an estimate, in total each day a coding supervisor and a coder undertake audit work would account for 12,000 cases not being coded. Based on each coder having feedback and partaking in 1 audit day per month. This equates to a 1-2% effect on the completeness	This recommendation is still placed on hold, due to the effect on the current coding percentage. All staff receive appropriate feedback from Supervisor or manager when issues are identified. An annual audit is undertaken by the NHS Wales Informatics Service (NWIS) and the results are fed back to all coders and presented to the Information Governance Sub-Committee for assurance. Further breakdown of the 2018/19 NWIS Audit is included at Appendix 3 for information.
d) reconsidering the responsibility for typing discharge letters at Wwithybush to ensure that this duty does not impact on the clinical coding process and the use of coding resources.	Implemented	Discharge letters are no longer typed by the clinical coding team at Wwithybush Hospital. Coders time is now entirely spent on coding episodes.	Lead Director(s) Director of Planning, Performance, Informatics and Commissioning Lead Officer(s) Assistant Director of Informatics	Complete	Complete
Board Engagement/Resources					
R3 Build on the good engagement that already exists with the Board to ensure that the implications of clinical coding on performance management, and the wider management processes in the NHS, are fully understood. This should include:					
a) providing training for board members to raise their awareness of clinical coding and the extent to which it affects the quality of key performance information,	Overdue	There is no evidence of training for board members to raise their awareness of the importance of clinical coding.	Lead Director(s) Director of Planning, Performance, Informatics and Commissioning	The Director of Planning, Performance, Informatics and Commissioning will request a slot on a Board OD session to provide an update on clinical coding	In progress Awaiting confirmation from the Board Secretary for a possible date for the Board OD Session

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other than mortality data.			Board Secretary Lead Officer(s) Assistant Director of Informatics	and some basic understanding the current process, and the impact on secondary uses. Awaiting confirmation of Board OD session	
b) improving information to board on the accuracy of clinical coding.	Implemented	The Board regularly receives information about coding performance (see also paragraph 21) as part of the Integrated Performance Assurance Report. It has previously received a copy of the NWIS clinical coding accuracy report. Information on coding accuracy is also provided on a regular basis to the Information Governance Sub-Committee.	Lead Director(s) Director of Planning, Performance, Informatics and Commissioning Lead Officer(s) Assistant Director of Informatics	Complete – included within the Integrated Performance Assurance Report provided to every Board	Complete
Engagement with medical staff					
R4 Strengthen engagement with medical staff to ensure that the positive role that doctors have within the clinical coding process is recognised. This should include:					
a) embedding a consistent approach to clinical coding training for medical staff across the health board;	Overdue	Medical staff do not receive training in relation to clinical coding. An introduction to clinical coding was previously included in the induction process for new junior medical staff, but it is unclear whether this is still the case. In the months prior to our review the Clinical Coding Manager had sent a PowerPoint presentation on clinical coding to the Medical Director and the four hospital clinical leads with a request for feedback, with varying responses. The presentation is to be emailed to all consultants and service delivery managers for information and further feedback. A Chief Clinical Information Officer (a respiratory consultant) had been in post for eight months and has two sessions per week to devote to clinical information issues. He would like to establish sufficient resource amongst clinicians across the	Lead Director(s) Director of Planning, Performance, Informatics and Commissioning Medical Director Director of Workforce and OD Lead Officer(s) Assistant Director of Informatics Assistant Director Medical Directorate Chief Clinical	Further work is required to provide a detailed plan to ensure achievement of this recommendation. A scoping exercise to be undertaken to fully understand to actions required October 2019	Complete A presentation has been circulated to all consultants and SDM for information and feedback. This is repeated twice yearly, and after each junior doctor rotation.

Recommendation / Finding	Original Reporting Status	Summary of progress / Management Response	Lead Director and Officer	Target date for implementation	September 2019 update
		Health Board to advocate and promote good practice in relation to clinical coding. His intention is to strengthen clinical representation on the Clinical Informatics Group to help focus on problematic areas. One example is endoscopy, where there is a high volume of patients and low quality of notes. The Health Board recently approved a post of Chief Nurse Information Officer and planned to make an appointment to the post later in 2018. This will help to focus on note taking which will in turn support better coding.	Information Officer		
b) reinforcing the importance of completing timely discharge summaries	In progress	The Health Board has been slowly rolling out electronic patient discharge arrangements, although it is still only available in a limited number of areas. Coding teams said that where this is in place, the quality of information entered in to the system is generally poor. There is a cyclical issue which arises because of junior doctor intakes, which means that expected standards must be learned each time. Coding staff also indicated that electronic system updates can be problematic. Coding staff said that the timeliness and quality of written discharges is variable and has deteriorated over time. For example, they are often illegible or blank.	<p>Lead Director(s) Director of Planning, Performance, Informatics and Commissioning</p> <p>Medical Director</p> <p>Deputy Chief Executive/ Director of Operations</p> <p>Lead Officer(s) Assistant Director of Informatics</p> <p>Pharmacy Lead</p> <p>Chief Clinical Information Officer</p>	<p>A high level targeted improvement plan has been developed in response to the need to improve the usage of National Systems within the Health Board.</p> <p>For those ward areas that have access to Medical, Transcribing and eDischarge (MTeD), it has been agreed that the Health Board will look to achieve 90% of all discharges as electronic.</p>	<p>In progress</p> <p>The targeted improvement plan for MTeD has been in operation for 3 weeks, and there has already been a 4% increase from the baseline of 69% in April 2019 to 73% in September 2019.</p> <p>The targeted improvement plan is due to end in March 2020</p> <p>Timescale – March 2020</p>
c) improving clinical engagement with the validation of clinical coded data	In progress	There was little specific evidence of clinical engagement with the validation of clinical coded data.	<p>Lead Director(s) Director of Planning, Performance, Informatics and</p>	As outlined in Recommendation 2 (c)	<p>Complete</p> <p>Engagement exists with Hospital Directors, specifically around mortality and Interventions Not</p>

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			Commissioning Medical Director <u>Lead Officer(s)</u> Assistant Director of Informatics Assistant Director Medical Directorate Chief Clinical Information Officer		Normally Undertaken (INNU) is on the Scheduled Care agenda.
Internal Audit Report (H DUHB-1819-33)					
Finding 1 (O) - Corporate Records Management Strategy & Policy - Management should ensure the Corporate Records Management Strategy and Policy are submitted to the Business Planning & Performance Assurance Committee for approval.					
<p>We can confirm that the <i>Health Records Management Strategy and Policy</i>, and <i>Retention & Destruction Policy</i> had been submitted for approval at the Business Planning & Performance Assurance Committee meeting in June 2018. However, the <i>Corporate Records Management Strategy and Policy</i> had not been submitted or approved at the time of fieldwork.</p>	Medium	<p>Following internal discussions, the Corporate Office is leading the review and updating of the Corporate Records Management Strategy and Policy. This will require contributions and input from a number of teams across the UHB. Once reviewed, these will be submitted to the Business Planning & Performance Assurance Committee at the earliest opportunity.</p>	<u>Lead Director(s)</u> <u>Lead Officer(s)</u> Head of Corporate Office	September 2019	<p>In progress</p> <p>An SBAR report was submitted by the Corporate Office to the Information Governance Sub Committee (IGSC) on 17 May 2019. The report set out the current position of the Corporate Records Management Policy and will highlight the risks identified.</p> <p>Corporate Office have identified that the policy requires a more strategic approach to its development as it is a Health Board wide policy, and shall recommend to IGSC that a task and finish group be established with a nominated lead, to take the policy forward. Further to this, it has been identified that the current Corporate Records</p>

					<p>Management Policy is not fit for purpose. A recommendation will be made to the IGSC for the policy to be removed from the Health Board intranet site until the policy has been thoroughly reviewed and submitted to the Business Planning & Performance Assurance Committee for approval</p> <p>Original Timescale: - Sept 2019</p> <p>Revised Timescale – Dec 2019</p>
<p>Finding 2 (O) - Health Records Inventory - Identified Service and Departmental Managers should ensure a Paper Health Records Inventory Form is completed, regularly reviewed and forwarded to the Head of Health Records as set out in the Health Records Management Policy.</p>					
<p>The <i>Health Records Management Policy</i> states that an up-to-date records inventory will be maintained by the Head of Health Records, whilst Service/ Departmental Managers are required to ensure inventories are completed, regularly reviewed and forwarded to the Head of Health Records. However, there is currently no health record inventory in place with the last 'Paper Health Records Inventory Form' was received back in 2015.</p>	High	<p>(a) All Information Asset Owners (IAO's) have been identified via the Information Asset Owners Group which is organised by the Health Boards Information Governance Team. The IAO's have clear responsibility for completing an Information Audit Template. Some of the information requested on the template includes:</p> <ul style="list-style-type: none"> • Type of information held • Where the information is held • Legal requirements and classification of the information • How is the information shared • How is the information distributed <p>Effectively over time the information gathered will support or potentially replace the inventory form as the list will be a Health Board wide database containing all IAO's and the relevant information. The Information Governance Manager is working directly with Directorates and lead IAO's to ensure the information is completed as quickly as possible. To date</p>	<p><u>Lead Director(s)</u> All Directors</p> <p><u>Lead Officer(s)</u> All Information Asset Owners.</p> <p>Managed via the Information Governance Sub-Committee</p> <p>Health Records Manager</p>	<p>The work of the Information Asset Group is on-going. The Group aim to complete a new service within 3 months on being identified. This work incorporates a full review of the information asset, the flow of the data / information and a full information audit as per the requirements of the General Data Protection Regulation (GDPR). This work has just been audited and received a "substantial assurance", and commended for the approach.</p> <p>The Health Records elements, will be included in a wider action plan for Health Records to be agreed by August 2019</p>	<p>Section (a) - In progress</p> <p>In order to better track and monitor progress with the individual IARs and put more responsibility on the IAOs to drive this work, a template IAO Work Plan was circulated. Based on the most recent RAG update, 70% of IAOs have engaged in the process and are working towards compliance (31/44). The Information Governance Sub-Committee (IGSC) requested that the 13 IAO that have not engaged is escalated to the Executive Team. The compliance has now been included within the Executive Performance Reviews, and a number of IAOs have already begun to engage following the recent round of performance meetings</p>

		<p>approximately 50% of responses have been received and the IG Manager will continue to work with individual leads to ensure those currently outstanding are completed as soon as possible.</p> <p>(b) This work is being supported by the Electronic Records Group which is being led by the Deputy Director of Operations. This group is looking at the potential to implement a scanned patient record within the Health Board and as part of the remit is developing a questionnaire which will again be completed by all relevant IAO's and will again cover records management arrangements within department and services but in addition will also identify any use of private storage companies and the costs. The questionnaire will be circulated to IAO's in January.</p>		<p>Section (b) of the management response is completed</p>	<p>A programme of in-depth refresher training is being rolled out for all IAO/IAAs to ensure they fully understand their information assets and the responsibilities that entails, including records management. This is being carried out in conjunction with ongoing work between IG and IAOs in developing a GDPR compliant Information Asset Register for each service area of responsibility. At the time of writing this update 65% of all IAO/IAAs (62/97) have undertaken the training</p> <p>Original Timescale: - July 2019</p> <p>Revised Timescale – July 2020</p>
<p>Finding 3 (D) - Storage Capacity - We would recommend that management review current storage arrangements to establish whether they continue to be fit for purpose, whilst consideration should be given in the progression of other solutions for example, scanning of documents, to reduce the amount of manual health records retained by the Health Board.</p>					
<p>A copy of the 'Paper Health Records Inventory Form' was issued to a number of services/ functions/ teams within Mental Health, Nursing, Women & Child Health and Therapies directorates. A total of 50 services/ functions/ teams returned the completed inventory form with 40 stating they retained patient records and information locally. Of the 40 areas retaining local patient records, 26 highlighted the risk of insufficient storage available, whilst a number noted risks and concerns in relation to the current storage arrangements of records.</p>	<p>High</p>	<p>(a) In November 2018 a records management brief was presented to the Executive Team highlighting a number of issues in various services across the Health Board. In addition to the issues a number of potential solutions were identified which could significantly improve current storage arrangements, increase efficiencies and also provide some potential savings. A follow up paper is being presented to the Executive Team on the 19th December 2019 and within the paper it clearly identifies future arrangements to deliver the solutions. The proposal is to have one overall project group with Executive leadership, with working sub group responsible for carrying out the work. As part of this process all services involved will be completing a detailed review of their current records management</p>	<p><u>Lead Director(s)</u> Director of Planning, Performance, Informatics and Commissioning</p> <p>Deputy Chief Executive/ Director of Operations</p> <p><u>Lead Officer(s)</u> Assistant Director of Informatics</p> <p>Deputy Director of Operations</p> <p>Health Records</p>	<p>The Health Records elements, will be included in a wider action plan for Health Records to be agreed by August 2019</p> <p>Sections (b) / (c) of the management response have been completed</p>	<p>Complete</p>

<p>The Health Board's in-house storage facility in Llangennech retains health records dating back to 2006 due to the current embargo on the destruction of records by the Welsh Government (applicable to all health boards across Wales) due to the blood contamination inquiry and also the Goddard inquiry. However, the storage facility is nearing full capacity, with a number of records stored in cardboard boxes alongside the outer walls on a temporary basis while room is made available on shelving.</p> <p>The Health Record Departments risk register noted that it is working with the London Procurement Partnership to develop a business case for implementing a scanning solution. This approach has been implemented at Aneurin Bevan University Health Board where a Digitised Health Record (DHR) system was installed to enable the digitisation or scanning of patient case notes and make them available electronically, thus reducing storage space across the organisation.</p>		<p>arrangements, storage arrangements and storage capacity. The project proposal should be finalised early in the New Year.</p> <p>(b) As identified in the earlier recommendation there is already a fully implemented Electronic Records Group within the Health Board. The group is led and chaired by the Deputy Director of Operations and will be responsible for the implementation of a scanned patient record within Hywel Dda. One of the main reasons why the group was implemented was due to the lack of storage capacity for storing records across the Health Board. The group is still very much in its infancy and is starting to work through all the necessary questions and actions that may get the Health Board to the position where they could potentially move towards a scanned patient record.</p> <p>(c) The main issue in terms of current storage arrangements is within the Health Records Service and associated with the acute patient record. Even with four main hospital storage facilities based at each main hospital locality and an offsite storage facility housing over a million patient records there is still not enough capacity available to complete the tasks required on an annual basis to ensure there are appropriate storage arrangements in situ. Storage is the main risk identified on the Health Records and Operations Directorate risk register currently scoring 20. This is also included on the corporate risk register and due to the scoring method is reviewed on a monthly basis. Similar risk may require identification in other services.</p>	<p>Manager</p>		
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Finding 4 (O) - Retention & Destruction of Records - Management should ensure that the services and functions holding patient records locally are reminded of their requirement to comply with the Retention & Destruction Policy.

<p>Of the 50 services/ functions/ teams reviewed, 40 retained patient records and information locally. Of the 40 services/ functions/ teams where patient records are retained locally, seven noted that they were unaware how long they are required to keep their records.</p> <p>We also noted that of the 50 services/ functions/ teams reviewed, 27 confirmed the process of archiving/destroying patient documents, nine stated they were unsure/ did not know/ no action taken, whilst 14 did not answer the question.</p>	<p>Medium</p>	<p>(a) As identified in the recommendation above following a report reviewed by the non-pay panel it identified that services across the Health Board were utilising private storage companies to store a wide range of records and Health Board information. There were significant costs associated with the storage facilities and there was a feeling that a number of records currently in storage could be destroyed because they have passed the necessary retention period. This information was contained within the records brief presented to the Executive Team in November and will also form part of the work undertaken by the project group and sub groups. As part of the scoping working the groups will be required to identify any records outside of retention guidance and the relevant costs of destruction. As clarified above this work will be progressed early in the New Year.</p> <p>(b) In addition to the work that will be carried out by the project groups the approved Retention & Destruction Policy is available to all Health Board staff via the intranet site. The policy is available within the corporate section and provides all staff with clear legal timescales for the retention and destruction of a wide range of records and Health Board information. Staff have the ability to refer to the policy as and when required. To further support retention and destruction processes the Health Records Manager has distributed a global e-mail to all staff notifying them of their individual responsibility to ensure records are only retained for the required period and are destroyed in line with the policy.</p>	<p><u>Lead Director(s)</u> Director of Planning, Performance, Informatics and Commissioning</p> <p>Deputy Chief Executive/ Director of Operations</p> <p><u>Lead Officer(s)</u> Assistant Director of Informatics</p> <p>Deputy Director of Operations</p> <p>Health Records Manager</p>	<p>The Health Records elements, will be included in a wider action plan for Health Records to be agreed by September 2019</p> <p>Section (b) of the management response has been completed</p>	<p>Complete</p>
<p>Finding 5 (D) - Access to Health Records Policy - Management should ensure the <i>Access to Health Records Policy</i> is reviewed and updated to reflect the introduction of the General Data Protection Regulations.</p>					
<p>The Data Protection Act 1998 was superseded by the General Data Protection Regulations in May 2018. However, the <i>Access</i></p>	<p>Medium</p>	<p>The Access to Health Records Policy has already been fully reviewed by the Health Records Manager and Information Governance Manager to include all the</p>	<p><u>Lead Director(s)</u> Director of Planning, Performance,</p>	<p>The management response have been completed</p>	<p>Complete</p> <p>The revised Access to Health Records Policy was approved at</p>

<p><i>to Health Records Policy has not been amended following the introduction of the new legislation. Whilst this issue was highlighted by the Information Governance Sub-Committee in their paper submitted to the BPPAC in June 2018, the Access to Health Records Policy was not identified for reviewing.</i></p>		<p>requirements of the General Data Protection Regulations (GDPR). The information within the policy, such as the payment arrangements have all been update and the policy was distributed across the Health Board for consultation via the global e-mail system earlier this year. No comments or observations were received and the policy is on the agenda for the Information Governance Sub Committee in February 2019 ready for approval.</p>	<p>Informatics and Commissioning Deputy Chief Executive/ Director of Operations <u>Lead Officer(s)</u> Assistant Director of Informatics Health Records Manager</p>		<p>the July 2019 Information Governance Sub-Committee</p>
<p>Finding 6 (D) - Third Party Storage Providers - Management should review the current arrangements in place with third party storage providers to establish whether they meet the required Health Board standards.</p>					
<p>Six third party storage providers across Wales and England currently retain health records and patient information on behalf of the Health Board. Of the six third party storage providers tested, only three agreements were provided to Internal Audit.</p> <p>The Senior Procurement Business Manager within NWSSP Procurement Department confirmed that they have not been involved in the setup of these agreements between the third party storage providers and the Health Board with some of the agreements setup prior to the formation of NWSSP.</p> <p>A review of these agreements also noted the lack of detail in relation to the security arrangements of Health Board documents retained at the storage facilities.</p>	<p>High</p>	<p>Again as identified in finding 3 and 4 early this year a financial report was presented to the non-pay review panel. The report identified that the Health Board was utilising private storage companies to store a wide range of records and Health Board information. There were significant costs associated with the storage facilities and the report was presented to the Health Records Manager for comment. Following the comments received it was identified that potentially not all service/departments utilising private storage may have confirmed contractually arrangements in place. Further discussion lead to the records management brief presented to the Executive Team in November 2018. Again as part of the relevant project groups there will be a requirement and responsibility for the groups to confirm:</p> <ul style="list-style-type: none"> • What records/information they have in storage • What are the costs (per box per month/year) • Are there any exit costs • Is there an agreed formal contract in place between the Health Board and the company <p>Again this work will be driven by the main project group with sub group implementation</p>	<p><u>Lead Director(s)</u> Director of Planning, Performance, Informatics and Commissioning Deputy Chief Executive/ Director of Operations <u>Lead Officer(s)</u> Assistant Director of Informatics Deputy Director of Operations Health Records Manager</p>	<p>The Health Records elements, will be included in a wider action plan for Health Records to be agreed by September 2019</p>	<p>Complete</p>

		planned for early next year.			
Finding 7 (D) - Records Management Training - Management should establish refresher sessions to ensure existing staff receive records management training.					
<p>The Records Management Internal Audit follow up report raised a recommendation that records management training needs assessment should be carried out and rolled out to relevant staff, and consideration should be given to making records management training mandatory. The management response stated that work was still on going and would form part of the routine work of the Head of Health Records along with the Learning and Development function of the Health Board.</p> <p>We were informed by the Health Records Manager that health record training sessions had been undertaken for all secretarial staff and ward clerks across the four acute sites (with the exception of ward clerks at Bronglais Hospital), whilst records management now forms part of the corporate induction for new starters. However, staff currently in post do not receive any refresher training.</p>	Medium	<p>Ad hoc Health Records training sessions have been completed for all ward clerks and secretaries across the Health Board apart from at Bronglais and these training sessions will be completed by February 2019. Recently the Health Records Manager and Head of Governance have discussed the possibility of introducing joint IG/Health Records training sessions. Further discussions are planned for next year with the potential to implement across the Health Board in 2019.</p> <p>It is correct that after receiving robust departmental induction and on the job training, staff within the Health Records service currently do not receive any update or refresher training. The responsibilities within the service and the staff roles have not altered when compared to the duties undertake 10 years ago and the majority of the tasks are exactly the same, as they always have been. The Health Records Manager will discuss this recommendation with the Deputy Director of Operations and the Deputy Managers and identify if this is an essential requirement and the most effective format to deliver refresher training if required.</p>	<p>Lead Director(s) Deputy Chief Executive/ Director of Operations</p> <p>Lead Officer(s) Deputy Director of Operations</p> <p>Health Records Manager</p>	30 th September 2019	<p>Complete</p> <p>As part of the Tracking of Patient Records, and the links with the Information Governance Team, basic training will provided to a number of key service areas during the remainder of 2019 and 2020</p>
Finding 8 (O) – Record Management Practices Audits - Management should review the Health Records Management Policy and Health Records Committee terms of reference to reflect the updated Health & Care Standards.					
<p>The content of the Health Records Committee TOR and Health Records Management Policy both make reference to Healthcare Standard 20. However, the Healthcare Standards were superseded by the Health & Care Standards 2015 that does not require</p>	Medium	<p>The Health Records Group TOR has been updated and will be presented to the group for approval in January 2019. The Health Records Management Policy and Health Records Management Strategy have also been updated and will be approved either by a Chair's action from IGSC or at the IGSC meeting in February 2019.</p>	<p>Lead Director(s) Director of Planning, Performance, Informatics and Commissioning</p> <p>Deputy Chief Executive/ Director of Operations</p>	Completed. The Health Records Group has been reformed, and is being chaired by the Assistant Director of Informatics, until a clinical lead can be identified. The Group will report to the Information Governance Sub-Committee (IGSC) as a standing	Complete.

regular record management practices audits.			<p>Lead Officer(s) Assistant Director of Informatics</p> <p>Deputy Director of Operations</p> <p>Health Records Manager</p>	agenda item	
Finding 9 (O) - Health Records Committee - Management should ensure that the Health Records Committee regularly meet as per the frequency detailed in their terms of reference.					
Testing was undertaken to establish whether record management practices audits had been regularly reported to the Health Records Committee. However, we were informed by the Health Records Manager that the Health Records Committee had not met during 2018.	Medium	Unfortunately, it has taken longer than expected to re-introduce the Health Records Group within the Health Board, due to the initial inability to identify a clinical lead as Chair. Now that the issue has been resolved the Health Records Group met on the 19 th October 2018. The initial meeting was simply to confirm arrangements and work programme for the group moving forward and to ensure the correct individuals were identified as part of the group membership. It was agreed that the group would be fully implemented on a formal basis from January 2019 with meetings conducted on a monthly basis.	<p>Lead Director(s) Director of Planning, Performance, Informatics and Commissioning</p> <p>Deputy Chief Executive/ Director of Operations</p> <p>Lead Officer(s) Assistant Director of Informatics</p> <p>Deputy Director of Operations</p> <p>Health Records Manager</p>	Completed. The Health Records Group has been reformed, and is being chaired by the Assistant Director of Informatics, until a clinical lead can be identified. The Group will report to the Information Governance Sub-Committee (IGSC) as a standing agenda item	<p>Complete.</p> <p>The Health Records Group has met twice, and will be concentrating on the improvement plan for Tracking of Patient Records</p>

Appendix 2 – Tracking Patient Records

The information contained below identifies the work plan and actions required to improve the current situation in regards the non-compliance of tracking patient hospital records across the Health Board.

Policy & Procedure

The Health Records Management Policy clearly identifies the higher level aims and objectives for staff dealing with patient hospital records and how in their role they are responsible for the storage, accessibility and tracking of the records. This policy is supported by the Welsh Patient Administration System (WPAS) training provided by the Information Department and the WPAS training manual which provides tracking and compliance guidance. In addition to this documentation, developing further information would be useful from a staff perspective.

It needs to be recognised that the process associated with tracking patient hospital records has varied historically across the different Health Board localities. Moving forward it is important that there is no longer any variance and all staff, across all sites utilise the same agreed process. Over the years it has become apparent that staff based at Withybush have been compliant with agreed best practice and it is important that this is replicated by all staff across the Health Board.

The Deputy Health Records Manager will develop a flow chart confirming best practice and highlighting when staff should tag, send and receive a patient record. The flowchart will also identify who has responsibility for the tracking of the records and who remains responsible for the records if they become mislaid within the system. The process will provide additional security and governance for the patient record. The flowchart will be developed in conjunction with a review of the tracking module from the WPAS training guide. This will ensure that when staff are provided with WPAS training they are being presented with best practice and most up to date guidance. The information will be distributed to staff groups through various communication channels.

Meeting Forums & Communication

The work plan for delivering improvement will be led by the Health Records Group and will require considerable support from a number of wide ranging staff groups, managers and services. Unlike other work plans where specific staff groups can be identified, there are thousands of staff within the organisation who have access to and are responsibility for tracking patient records. Therefore the communication process cannot be delivered through individual meeting forums and has to be far more varied and wide ranging in approach.

As per the work plan associated with the creation of temporary records, the proposed recommendation to ARAC and BPPAC to implement standardised ward clerk and secretarial meetings across the Health Board is still extremely valid within this work plan. These staff groups deal with a large number of patient records on a daily basis and would represent key individuals in the tracking process. From a Health Board point of view it is particularly important that we communicate with the broader staff groups and various actions have been agreed.

The communication plan will be finalised very shortly but will include:

- Circulation of the agreed tracking process via meeting forums, global e-mail and the intranet.
- To update the WPAS training guide and make available on the intranet and for inclusion in WPAS training sessions.
- Records tracking process “just do it” screen savers in line with those utilised previously for IG, flu vaccinations, Health Board values, etc.
- Case studies and non-compliance implications distributed via the global e-mail.
- Written communication from the interim Health Records Group Chair, to Hospital Manager’s, SDM, Service Leads, and Heads of Nursing etc.
- Direct communication via agreed meeting forums.
- Video clips from staff within the Health Records service.

The above proposals account for the initial communication plan but, potentially this will be developed as the process is implemented and further communication strategies become evident.

Training

Before staff can access WPAS they must have received WPAS training, an activated account and user name. WPAS training is not mandatory and is delivered on a role specific basis to those staff that require WPAS to undertake their normal daily duties. It has been agreed that the content and delivery of the training will be reviewed to ensure all staff receive training and guidance in terms of tracking patient records. This is a basic process and a routine functionality that every member of staff dealing with patient records needs to understand.

The training delivery method currently utilised by the Information Department, will continue as normal, however additional training will be arranged on an ad hoc basis following review of the compliance levels. The Health Records Group has agreed the level of monitoring and audit that will initially be implemented across the Health Board and if the performance indicators continue to identify poor performance within individual wards, departments or by members of staff additional training will be arranged accordingly.

The additional training provided could range from individual 1-2-1 training with identified members of staff who have a specific responsibility to track patient records or possibly departmental training sessions if the overall performance levels continue to raise concern within certain areas. This training will be facilitated by the Information Department and supported by Health Records staff.

Monitoring & Compliance

It is very important that compliance levels are monitored on a regular basis. It has been agreed to monitor the tracking of patient records via the Health Records Departmental performance indicators. Currently a Health Records Supervisor will visit one ward and one secretary office every month. A sample audit of 15 patient records is undertaken with staff recording the hospital numbers and auditing these against WPAS to confirm if they are tracked (or not) to the required location. The compliance level is then recorded as part of the KPI’s that are presented at the Executive Team Performance Reviews and will also form part of the agenda for future Health Records Group meetings.

It was agreed at the Health Records Group to develop an audit review plan covering every ward and every secretary, at each of the hospital localities. This would provide more detailed information in terms of how long the process would take to complete at each site, if we were able to expand the process to also account for other departments/services that have a responsibility to track and retain records or if we possibly required additional staff resource to complete the process effectively.

The following scoring percentages and compliance levels have been agreed through the Health Records Group.

95% above
81% – 94%
80% below

The monthly KPI's will be presented at the Health Records Group and continued non-compliance will initially be raised with lead individuals through an agreed communication method. If standards are not improved following the initial notification a formal letter will be sent to the relevant Hospital Manager from the interim Health Records Group Chair for resolution.

Target & Outcome

The initial target of this work plan is to increase the percentage of tracked patient records within the Health Board. In the first 12 months after the agreed implementation date the proposed target would be a minimum 95% compliance rate. The outcome expected from work plan would be to improve records management arrangements within the organisation and increase staff awareness in terms of tracking patient records.

Staff Resource

With regards to the overall work programme for the Health Records Group it is expected that additional staffing resource may be required in the form of a project lead, due to the wide ranging and complex nature of the tasks. With regards to this specific element of the work programme there may also be a requirement for additional supervisory staff to complete the audit programme.

Timescales

The following is a project plan showing deliverables, and milestones for improvement:

Appendix 3 – NWIS Audit

The 2018/19 NWIS audit showed that the clinical coding staff at Hywel Dda UHB exceeded the recommended accuracy rate in 3 of the 4 areas of assigned codes: secondary diagnosis ($\geq 80\%$), primary procedure ($\geq 90\%$) and secondary procedure ($\geq 80\%$), whilst narrowly missing the primary diagnosis ($\geq 90\%$). The Health Board has again achieved the WG target, in the 18/19 audit, to show improvement with 89.72% compared to 89.55% the previous year.

- A breakdown of the error rates is provided below:

Code type	Total number of codes reviewed	Total number of correct codes	Percentage correct	Target
Primary Diagnosis	420	370	88.10%	90%
Secondary Diagnosis	1,578	1,397	88.53%	80%
Primary Procedure	309	292	94.50%	90%
Secondary Procedure	747	681	91.16%	80%

- The Welsh Government Clinical Coding Accuracy Measure score has been produced from the figures above as follows:

	Total number of codes reviewed	Total number of correct codes	Percentage correct
2018/19 Audit	3,054	2,740	89.72%
2017/18 Audit	2,640	2,364	89.55%

- The target is to show an improvement from the previous audit and the Health Board has seen an improvement of 0.17% compared to the previous audit, thus achieving the Welsh Government target.



WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

Archwilydd Cyffredinol Cymru
Auditor General for Wales

Clinical coding follow-up review – **Hywel Dda University Health Board**

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The person who delivered the work was Philip Jones

Contents

Coding continues to be a low priority for the Health Board and non-compliance with the completeness target is impacting on overall improvement in accuracy and staff morale. The use of coding data as business intelligence remains underdeveloped and there is still considerable room for progress against our previous recommendations.

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Introduction

- 1 Clinical coding involves the translation of written clinical information (such as a patient's diagnosis and treatment) into a code format. A clinical coder will analyse information about an episode of patient care and assign internationally recognised standardised codes¹.
- 2 Good quality clinically coded data plays a fundamental role in the management of hospitals and services. Coded data underpins much of the day to day management information used within the NHS and is used to support healthcare planning, resource allocation, cost analysis, assessments of treatment effectiveness and can be an invaluable starting point for many clinical audits.
- 3 Coding departments within Welsh NHS bodies are required to satisfy standards set by the Welsh Government on completeness and accuracy of coded data. Performance against these standards form part of NHS bodies' annual data quality and information governance reporting.
- 4 During 2014-15 the Auditor General reviewed the clinical coding arrangements in all relevant NHS bodies in Wales. That work pointed to several areas for improvement such as the accuracy of coding, the quality of medical records and engagement between coders, clinicians and medical records staff.
- 5 We also found that NHS bodies routinely saw clinical coding as a back-office role, often with little recognition of the specialist staff knowledge and understanding needed. In addition, not all health bodies understood the importance of clinical coding to their day to day business.
- 6 In April 2014 we reported our findings for Hywel Dda University Health Board (the Health Board) and concluded that 'the Health Board gives clinical coding a high profile, supporting it with a good level of investment, and is focused on improving the quality of management information although further improvements to local practices are required'. More specifically, we found that:
 - the importance of clinical coding to support the effective operation of its business was recognised in the health board although more needed to be done to raise the profile of medical records and focus on accuracy.
 - many aspects of the clinical coding process were sound but clinical engagement was sometimes lacking, medical records were often poor, and some records took a long time to be coded.
 - clinical coded data was used appropriately and met the Welsh Government standards for timeliness and completeness, but some coding was inaccurate, and the Board were not aware of the inaccuracies or its implications.

¹ For diagnoses, the International Classification of Diseases 10th edition (ICD-10), and for treatment, the OPCS Classification of Interventions and Procedures version 4 (OPCS)

- 7 We made several recommendations, which focused on the need to:
- improve the management of medical records;
 - strengthen clinical coding resources;
 - further build Board engagement and resources; and
 - strengthen engagement with medical staff.
- 8 As part of the Auditor General's 2018 Audit Plan for the Health Board, we have examined the progress made in addressing the recommendations set out in the [2014 Review of Clinical Coding](#) and any resulting improvement in performance.
- 9 In undertaking this work, we have:
- reviewed documentation, including reports to the board and committees;
 - asked the Health Board to self-assess its progress so far;
 - analysed clinical coding data sent to Welsh Government;
 - sought board member views² on their understanding of clinical coding; and
 - interviewed staff to discuss progress, current issues and future challenges.
- 10 We summarise our findings in the following section. [Appendix 1](#) provides specific commentary on progress against each of our previous recommendations.

Our findings

- 11 We conclude that coding continues to be a low priority for the Health Board and non-compliance with the completeness target is impacting on overall improvement in accuracy and staff morale. The use of coding data as business intelligence remains underdeveloped and there is still considerable room for progress against our previous recommendations.

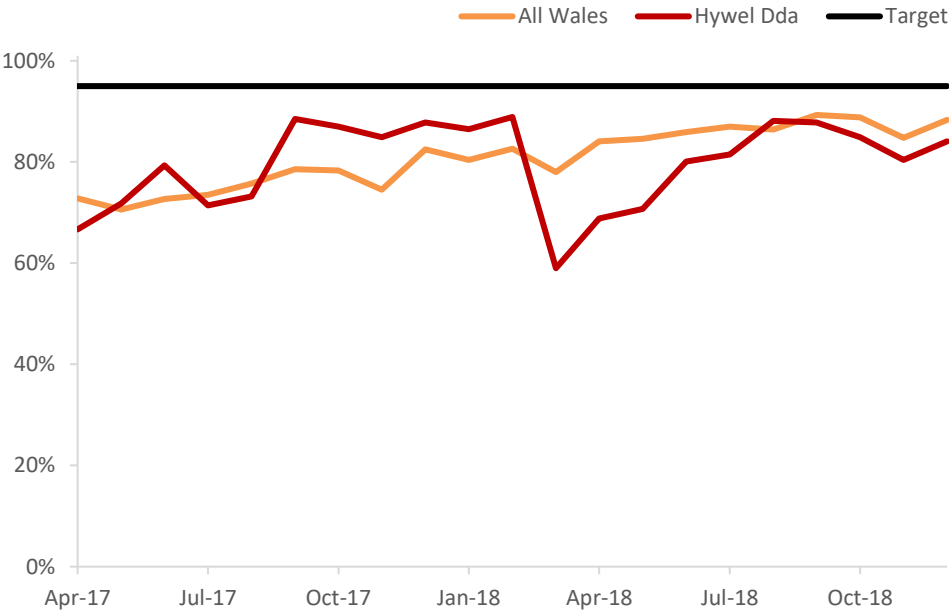
The proportion of episodes coded within a month of completion is below target and there is evidence that pressure to clear the backlog is affecting overall improvement in accuracy and reducing staff morale

- 12 The Welsh Government has two coding related Tier 1 targets which NHS bodies are required to meet. These relate to completeness and accuracy.
- 13 Each year, NHS bodies send data to the Welsh Government showing their performance against the Tier 1 target for **completeness**. The target is that 95% of hospital episodes should have been coded within one month of the episode end

² A number of questions relating to clinical coding were included in the board member survey which formed part of our 2018 Structured Assessment work. A total of 20 responses out of a possible 30 responses were received.

date. NHS bodies need to meet this target monthly rather than at the end of each financial year which was previously the case. Based on this data, Exhibit 1 shows that the Health Board’s performance has been consistently below the 95% completeness target and has been highly variable (ranging between 66.7% in February 2017 to 84.1% in December 2018). The main cause of variability is linked to a reduction in the number of whole-time-equivalent Band 3 and 4 coders and a predominantly year-on-year increase in finished consultant episodes (FCEs).

Exhibit 1: percentage of all episodes coded within one month of the end date

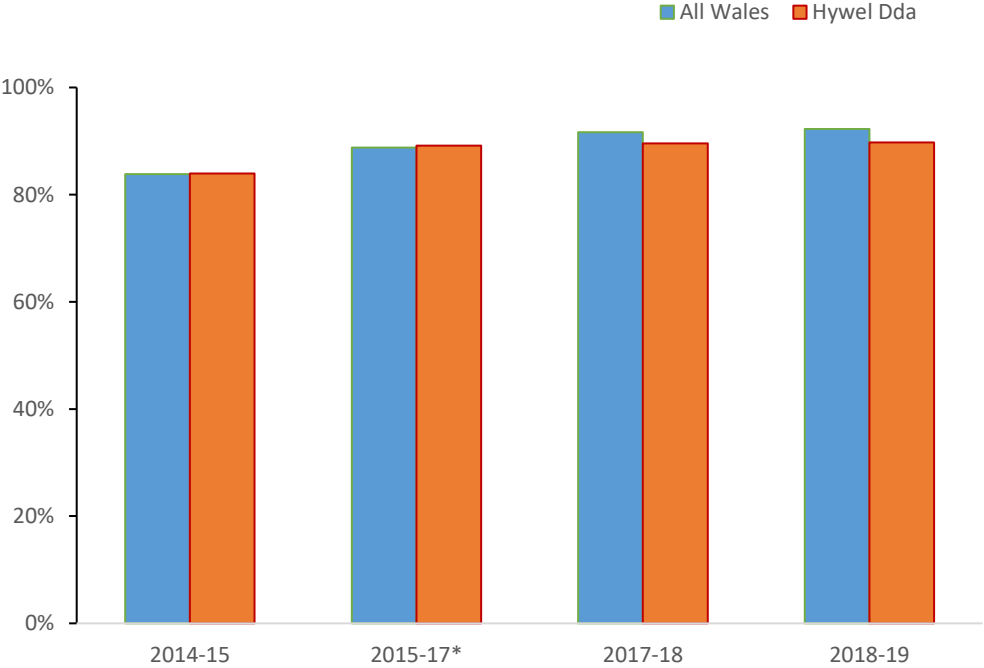


Source: Wales Audit Office analysis of data sent to Welsh Government

- 14 As part of our fieldwork, we requested the backlog position as at March 2018. The Health Board reported a significant backlog of 6.25% (8,469) of the FCEs. The backlog has continued to grow over the last three years. The Health Board is currently third highest in terms of coding backlog amongst Welsh health bodies (behind Betsi Cadwaladr University Health Board and Aneurin Bevan University Health Board).
- 15 Each year, the NHS Wales Informatics Service (NWIS) Standards Team checks the **accuracy** of clinical coding. They do this by reviewing a sample of coded episodes and checking the information against evidence within the patients’ medical record to assess accuracy. NHS bodies are expected to show an improvement in their accuracy year-on-year. Exhibit 2 shows that accuracy has improved (89.7% of episodes samples were coded correctly in 2018-19 compared

to 83.7% in 2014-15). However, the improvement at the Health Board has not been as great as in Wales as a whole: in 2017-18 (92.3% of episodes sampled were coded correctly in 2018-19). NWIS note that the 'overall results of the audit confirm that the clinical coding staff at the Health Board achieved above the recommended accuracy for secondary diagnosis, primary procedure and secondary procedure coding, but failed to achieve the recommended accuracy for primary diagnosis coding.'

Exhibit 2: percentage of episodes coded accurately



Source: Results of NWIS clinical coding accuracy reviews 2014-19

* Note that due to capacity within the NWIS clinical coding team, a single accuracy review was undertaken during the period 2015-16 and 2016-17.

16 NWIS also notes that 'to achieve Welsh Government completion targets there continues to be a drive to assign classification codes as soon as possible post discharge', and 'without reference to the full medical record and /or without a complete accurate discharge summary'. Furthermore 'the number and type of errors identified in [the] audit indicates that the clinical coders at Hywel Dda are rushing the clinical coding process', which leads to errors despite the correct information being available in the medical record.

- 17 Coding staff told us that the ongoing pressure to clear the backlog and the negative impact this has on other aspects of coding, is having a significant effect on staff morale.

Despite widespread awareness of the issues associated with clinical coding performance, it is still a low priority and the use of coded data for business intelligence remains under-developed

- 18 Previously we found that not all NHS bodies understood the wider importance of clinical coding to their business and they were missing opportunities to use this information more extensively. For example, to plan and monitor services, where coding can be used to:
- assess volumes of patients following particular clinical pathways; and
 - provide comparative activity data to evaluate productivity, quality and performance.
- 19 We found that while clinical coding in the Health Board now has a significantly higher profile in terms of awareness, it is still a low priority. Several board members said that while they recognise that it needs more investment, clinical coding is in heavy competition with other priorities.
- 20 Clinical coding issues are raised regularly and in a comprehensive way at senior level forums, including:
- Executive Team meetings, for example, an update report on clinical coding was presented in January 2018;
 - Board meetings, with performance reports including the percentage of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme;
 - Business, Planning & Performance Assurance Committee (BP&PAC) meetings, with the Tier 1 target for clinical coding completion included in the Integrated Performance Assurance Report (IPAR) alongside an explanation of the current situation and challenges; what is being done; when and how much improvement can be expected; and how this will impact on patients and finances; and
 - Information Governance Sub-Committee (IGSC) meetings, with this bi-monthly sub-committee a key forum for assurance around coding issues through regular clinical coding reports and updates.
- 21 The management structure and professional accountability for clinical coding has been strengthened since our previous review. The Director of Planning, Performance and Commissioning is responsible for the coding function and has highlighted that one of the fundamental challenges for clinical coding at the Health Board is the level of under-staffing in relation to activity. The Health Board estimates that it is short of between five and six clinical coders. This is based on its

existing staff compliment, activity levels which have increased by approximately 36,000 FCEs since previous estimates were made, and professional norms for clinical coder productivity. The Health Board has opted not to invest in the function because of financial constraints and other competing priorities. In addition, supervisory capacity is diminished due to long term sickness. Managers and clinical coding teams have considered and implemented more efficient ways of working. However, the backlog has continued to grow over time and the resulting pressure to address it is affecting the quality of coding.

- 22 While awareness of issues associated with clinical coding is much higher, the use of coded data for business intelligence remains under-developed. There is ongoing debate in the Health Board about the nature and extent of investment in digital solutions for clinical coding but no clear consensus about how this can be progressed. Nonetheless, several board members recognise that there needs to be investment in technological solutions in this area.
- 23 Digital solutions for clinical coding can provide significant benefits in a number of areas. For example, as part of their digital strategy, Abertawe Bro Morgannwg University Health Board has secured investment for the modernisation of case note tracking with Radio-Frequency Identification (RFID). The project will implement a RFID solution with the objective of improving the clinical and logistical problems of a paper-based health record whilst also modernising and improving the service the Health Records department provides. The solution will provide RFID tagging of acute records and Location Based Filing using barcode scanning and identification of a records location via fixed sensors. This will enable records to be easily tracked, located and made available when required.
- 24 Hywel Dda University Health Board is at the very early stages of adopting value-based healthcare. A paper submitted to the Welsh Government to develop a joint infrastructure with Abertawe Bro Morgannwg University Health Board and Swansea University has been agreed and will be funded for two-years. The Health Board is already leading value-based healthcare in relation to the lung pathway but recognises that it currently lacks both outcome and cost data, the latter being linked to clinical coding. This information is needed to take value-based healthcare forward across other specialties and pathways.

The Health Board has made limited progress against previous audit recommendations and several issues require considerable attention

- 25 **Exhibit 3** summarises the status of our 2014 recommendations.

Exhibit 3: progress status of our 2014 recommendations

Total number of recommendations	Implemented	In progress	Overdue	Superseded
15	4	6	5	-

Source: Wales Audit Office

- 26 Our follow-up work has found that the Health Board has made some progress against our 2014 recommendations, but many recommendations remain outstanding or are overdue.
- 27 The relationship between the clinical coding teams and medical records staff has improved. However, the standard of case notes has deteriorated since our previous work. The clinical coding team play an essential role in highlighting this issue. There is little ownership of medical records and folders at ward level and tracking of medical records remains an issue. There is greater movement of patients around the Health Board because of increased clinical specialisation, as well as shorter lengths of stay. This adds to the challenge of maintaining notes in line with professional standards, and of making them available when needed. The use of temporary files continues to be problematic. The Health Records Group has been tasked with addressing these issues, which are also subject to recommendations from other internal reviews.
- 28 The clinical coding management structure was strengthened following our previous report. This included the appointment of a Clinical Coding Manager with responsibility for all coding teams and two coding team supervisors. However, arrangements have been compromised by the prolonged sickness absence of one of the supervisors, and despite the introduction of mitigating arrangements.
- 29 There is no evidence of training for board members to raise their awareness of the importance of clinical coding. However, the Board regularly receives information about coding performance as part of the Integrated Performance Assurance Report. The Board has previously received a copy of the NWIS clinical coding accuracy report. Information on coding accuracy is also provided on a regular basis to the Information Governance Sub-Committee.
- 30 Medical staff do not have a structured programme of training in relation to clinical coding. Awareness sessions are held with specialty teams on an ad hoc basis. Senior Health Board staff recognise the importance of clinical coding training for medical staff and acknowledge that the resources currently available are inadequate. An introduction to clinical coding was previously included in the induction process for new medical staff, but it is unclear whether this is still the case.
- 31 A clinical coding PowerPoint presentation was due to be emailed to all consultants at the time of our fieldwork. This was to include the 'Royal College of Physicians Top ten tips for coding – a guide for clinical staff'. This was a one-off occurrence

and there are no ongoing activities to promote standards. Coders said that medical staff are generally poor at fulfilling clinical coding requirements and the quality of discharge summaries is particularly poor. In addition, there is no evidence of routine involvement of clinicians in the validation of the use of clinical codes.

Recommendations still outstanding

32 In undertaking this work, we have made no additional recommendations. The Health Board needs to continue to make progress in addressing our previous recommendations. The outstanding recommendations are set out in [Exhibit 4](#).

Exhibit 4: recommendations still outstanding or overdue

2014 recommendations not yet complete	
Management of Medical Records	
R1	<p>Improve the management of medical records to ensure that the quality of, and access to, medical records effectively supports the clinical coding process. This should include:</p> <ul style="list-style-type: none"> a) improving engagement between the medical records and clinical coding teams. b) removing the use of temporary records, including poly-pockets and ensure files are merged into the master patient record. c) reinforcing the Royal College of Physician standards across the health board. d) providing training for ward clerks and other staff in relation to their responsibilities for medical records. e) improving compliance with the medical records tracker tool within the Myrddin Patient Administration System.
Clinical Coding Resources	
R2	<p>Strengthen the management of the clinical coding teams to ensure that good quality clinical coding data is produced. This should include:</p> <ul style="list-style-type: none"> b) extending the range of clinical information systems that coders have access to, including the operating theatres system. c) ensuring all staff receive consistent feedback on issues raised through validation and audit from all sites.
Board Engagement	
R3	<p>Build on the good engagement that already exists with the Board to ensure that the implications of clinical coding on performance management, and the wider management processes in the NHS, are fully understood. This should include:</p> <ul style="list-style-type: none"> b) providing training for board members to raise their awareness of clinical coding and the extent to which it affects the quality of key performance information, other than mortality data.

2014 recommendations not yet complete

Engagement with medical staff

- R4 Strengthen engagement with medical staff to ensure that the positive role that doctors have within the clinical coding process is recognised. This should include:
- a) embedding a consistent approach to clinical coding training for medical staff across the health board.
 - b) reinforcing the importance of completing timely discharge summaries.
 - c) improving clinical engagement with the validation of clinical coded data.

Source: Wales Audit Office

Appendix 1

Health Board progress against our 2014 recommendations

Exhibit 5: assessment of progress

Recommendation	Target date for implementation	Status	Summary of progress
Management of Medical Records			
R1 Improve the management of medical records to ensure that the quality of, and access to, medical records effectively supports the clinical coding process. This should include:			
a) improving engagement between the medical records and clinical coding teams.	Included in a wider action plan for Health Records	In progress	<p>Clinical coding staff reported good relationships with health records staff across the Health Board. The Clinical Coding Manager recently met with the Health Records Manager for Carmarthenshire to discuss the processes in place between health records and clinical coding. They were satisfied that they were working well.</p> <p>Clinical coding staff pull the majority of case notes from the filing libraries at Glangwili Hospital, Prince Philip Hospital, and Bronglais Hospital. Coding staff at Witybush Hospital can ask health records staff at Prince Philip Hospital to pull notes to be sent to the relevant site for coding.</p> <p>Access to the health records library at Witybush Hospital has been restricted through the introduction of locks. Clinical coders do have access although they must ring to gain entry. This slows down retrieval of case notes.</p> <p>The Director of Business, Planning and Performance intends to strengthen the Health Records Group to provide a focus for issues associated with effective health records management.</p>

Recommendation	Target date for implementation	Status	Summary of progress
b) removing the use of temporary records, including poly-pockets and ensure files are merged into the master patient record.	Included in a wider action plan for Health Records	Overdue	<p>Temporary notes and poly-pockets are still in use across the organisation. The Health Board's self-assessment response indicated that the numbers received into coding offices are not high. However, clinical coders across the Health Board told us that the situation had deteriorated over the period since our last review. There has been a decline in the organisation, maintenance and condition of individual patient case note folders because of greater movement of patients around the Health Board and shorter lengths of stay. Both factors add to the challenge of ensuring the notes are maintained in line with standards, and available when needed by clinical coding teams as well as clinicians.</p> <p>A note is entered in Medicode whenever a poly-pocket is used as the source for coding. If an audit of the full case note is subsequently carried out, there will then be a flag to indicate that it was not available at the time of coding.</p>
c) reinforcing the Royal College of Physician standards across the health board.	Included in a wider action plan for Health Records	In progress	A clinical coding PowerPoint presentation was due to be emailed to all consultants at the time of our fieldwork. This was to include the 'Royal College of Physicians Top ten tips for coding – a guide for clinical staff'. It is a one-off occurrence. We are not aware of ongoing activities to ensure that the standards are promoted.
d) providing training for ward clerks and other staff in relation to their responsibilities for medical records.	Included in a wider action plan for Health Records	Overdue	<p>There is no ongoing programme of training to ensure that ward clerks maintain records in line with professional standards. Coding staff said that the standard of practice amongst ward clerks is highly variable, and there is no real ownership of the notes in some wards. Ward clerks are managed by individual specialties and wards. This increases the need for ongoing communication (with ward staff in general as well as with ward clerks) about the importance of maintaining standards of practice and for the provision of training.</p>
e) improving compliance with the medical records tracker tool within the Myrddin Patient Administration System.	Included in a wider action plan for Health Records	Overdue	All the clinical coding teams are asked to track case notes correctly using the Myrddin Patient Administration System. The Health Board's self-assessment indicated that this always happens, except for when case notes are collected from a ward in the morning and returned that afternoon. However, coding staff indicated that case note tracking is generally poor, except at Wityhush Hospital.

Recommendation	Target date for implementation	Status	Summary of progress
f) putting steps in place to ensure that coders have early access to medical records for patients transferring to South Pembrokeshire Hospital prior to transfer.	Included in a wider action plan for Health Records	Implemented	An internal process has been established to inform the coding department about patients who are to be transferred to South Pembrokeshire Hospital (SPH). The relevant case notes are then coded before the patient leaves the site. A coder visits SPH once a month to code any episodes which have been missed.
Clinical Coding Resources			
R2 Strengthen the management of the clinical coding teams to ensure that good quality clinical coding data is produced. This should include:			
a) reviewing the supervisory arrangements for Prince Philip Hospital to ensure that staff do not feel isolated.	October 2014	Implemented	<p>Clinical coding management team arrangements have been strengthened since our previous audit. This includes the appointment of a Clinical Coding Manager with responsibility for all coding teams and two coding team supervisors, one at Withybush Hospital and the other who supervises at Bronglais, Glangwili and Prince Philip hospital.</p> <p>However, arrangements have been significantly compromised by prolonged sickness absence of the supervisor covering three sites, and despite the introduction of mitigating interim arrangements. While staff at Prince Philip Hospital commended the Clinical Coding Manager for the cover he has personally provided, the situation has affected their morale. In addition, consultants do not appear to be interested in the work that they do.</p>
b) extending the range of clinical information systems that coders have access to, including the operating theatres system.	March 2015	In progress	<p>The clinical coding team have access to the operating theatres module of the National Patient Administration System. However, there is inconsistent clinical practice in the use of the theatres module, NPAS functions in general, and other key systems that support the coding process like ChemoCare³ and the Welsh Clinical Portal.</p> <p>Work had recently commenced to examine whether there are additional systems which could be utilised by the coding team to</p>

³ ChemoCare is an expert chemotherapy electronic prescribing system with integrated appointment scheduling, which, using a single patient record, provides the medication record, clinical information and appointment schedule required for the safe management of cancer patients receiving chemotherapy.

Recommendation	Target date for implementation	Status	Summary of progress
			<p>assist in the coding process. It was too early for any findings to be made available.</p> <p>Second computer screens are gradually being made available to individual clinical coders to assist and expedite the coding process.</p>
<p>c) ensuring all staff receive consistent feedback on issues raised through validation and audit from all sites.</p>	<p>Ongoing</p>	<p>In progress</p>	<p>None of the coders are currently qualified to audit coding work. In 2017-18 it was decided to have a supervisor and a coder carry out an audit of 30 case notes each month and to feedback the results directly to individual coders. The arrangement was suspended so that all coding team resources could be directed towards clearing the coding backlog. At the time of our fieldwork the situation had not changed.</p> <p>The Coding Manager carries out data quality checks when time allows. However, his time has been heavily committed to providing a presence on each site to mitigate for the long-term sickness absence of one of the two coding team supervisors.</p>
<p>d) reconsidering the responsibility for typing discharge letters at Withybush to ensure that this duty does not impact on the clinical coding process and the use of coding resources.</p>	<p>March 2015</p>	<p>Implemented</p>	<p>Discharge letters are no longer typed by the clinical coding team at Withybush Hospital. Coders time is now entirely spent on coding episodes.</p>
<p>Board Engagement/Resources</p>			
<p>R3 Build on the good engagement that already exists with the Board to ensure that the implications of clinical coding on performance management, and the wider management processes in the NHS, are fully understood. This should include:</p>			
<p>a) providing training for board members to raise their awareness of clinical coding and the extent to which it affects the quality of key performance information, other than mortality data.</p>	<p>March 2015</p>	<p>Overdue</p>	<p>There is no evidence of training for board members to raise their awareness of the importance of clinical coding.</p>
<p>b) improving information to board on the accuracy of clinical coding.</p>	<p>March 2015</p>	<p>Implemented</p>	<p>The Board regularly receives information about coding performance (see also paragraph 21) as part of the Integrated Performance Assurance Report. It has previously received a copy of the NWIS clinical coding accuracy report. Information on coding accuracy is</p>

Recommendation	Target date for implementation	Status	Summary of progress
			also provided on a regular basis to the Information Governance Sub-Committee.
Engagement with medical staff			
R4 Strengthen engagement with medical staff to ensure that the positive role that doctors have within the clinical coding process is recognised. This should include:			
a) embedding a consistent approach to clinical coding training for medical staff across the health board;	March 2015	Overdue	<p>Medical staff do not receive training in relation to clinical coding. An introduction to clinical coding was previously included in the induction process for new junior medical staff, but it is unclear whether this is still the case.</p> <p>In the months prior to our review the Clinical Coding Manager had sent a PowerPoint presentation on clinical coding to the Medical Director and the four hospital clinical leads with a request for feedback, with varying responses. The presentation is to be emailed to all consultants and service delivery managers for information and further feedback.</p> <p>A Chief Clinical Information Officer (a respiratory consultant) had been in post for eight months and has two sessions per week to devote to clinical information issues. He would like to establish sufficient resource amongst clinicians across the Health Board to advocate and promote good practice in relation to clinical coding. His intention is to strengthen clinical representation on the Clinical Informatics Group to help focus on problematic areas. One example is endoscopy, where there is a high volume of patients and low quality of notes.</p> <p>The Health Board recently approved a post of Chief Nurse Information Officer and planned to make an appointment to the post later in 2018. This will help to focus on note taking which will in turn support better coding.</p>
b) reinforcing the importance of completing timely discharge summaries	March 2015	In progress	<p>The Health Board has been slowly rolling out electronic patient discharge arrangements, although it is still only available in a limited number of areas. Coding teams said that where this is in place, the quality of information entered in to the system is generally poor.</p> <p>There is a cyclical issue which arises because of junior doctor intakes, which means that expected standards must be learned</p>

Recommendation	Target date for implementation	Status	Summary of progress
			<p>each time. Coding staff also indicated that electronic system updates can be problematic.</p> <p>Coding staff said that the timeliness and quality of written discharges is variable and has deteriorated over time. For example, they are often illegible or blank.</p>
c) improving clinical engagement with the validation of clinical coded data	March 2015	In progress	There was little specific evidence of clinical engagement with the validation of clinical coded data.

Source: Wales Audit Office

Appendix 2

Results of the board member survey

Responses were received from 20 of the board members in the Health Board. The breakdown of responses is set out below.

Exhibit 6: rate of satisfaction with aspects of coding

	How satisfied are you with the information you receive on the robustness of clinical coding arrangements in your organisation?		How satisfied are you that your organisation is doing enough to make sure that clinical coding arrangements are robust?	
	This Health Board	All Wales	This Health Board	All Wales
Completely satisfied	-	6	-	5
Satisfied	5	34	3	40
Neither satisfied nor dissatisfied	12	46	16	46
Dissatisfied	3	10	1	4
Completely dissatisfied	-	-	-	1
Total	20	96	20	96

Exhibit 7: rate of awareness of factors affecting the robustness of clinical coding

	How aware are you of the factors which can affect the robustness of clinical coding arrangements in your organisation?	
	This Health Board	All Wales
Full awareness	5	26
Some awareness	13	50
Limited awareness	1	17
No awareness	1	3
Total	20	96

Exhibit 8: level of concern and helpfulness of training

	Are you concerned that your organisation too readily attributes under performance against key indicators to problems with clinical coding?		Would you find it helpful to have more information on clinical coding and the extent to which it affects the quality of key performance information?	
	This Health Board	All Wales	This Health Board	All Wales
Yes	3	8	18	77
No	15	84	2	19
Total	18	92	20	96

Exhibit 9: additional comments provided by respondents from the Health Board

- Our clinical coding is not as timely as it has been previously, and the coding department appears stretched. Without timely, accurate coding with sufficient depth of coding it is difficult to interpret real time information, particularly benchmarked information.
- Needs a higher profile and ownership within the organisation.
- I understand that across Wales our approach to coding is in a different place to where it is in England. As I understand it this is partly at least attributable to the fact that in England coding plays a much greater role in driving the income of trusts. Consequently, there may have been a much greater investment in coding including technology to speed up coding than is the case in Wales. We may be in something of a vicious circle in that coding is usually suffering a backlog which greatly reduces its effectiveness and usefulness for clinicians so less attention is paid to the coding information produced. It's akin to you only weigh what you value.
- I do not recall clinical coding being addressed in any meeting. Obviously, it underpins all performance reporting, so it is implicit, but I don't believe it has been discussed so I am unable to answer most of these questions.
- As per latest IGSC report to BPPAC we know exactly where we are in terms of clinical coding and quality and with the volume of workload, we need more investment - in the front end to train our clinicians to code at source and at the back-end because good quality and timely coding saves lives, and that latter point is not an exaggeration.
- We have recently considered the need for further investment in clinical coding, however given the financial challenges the choices regarding investment make it difficult to prioritise clinical coding v clinical service delivery.
- Clinical coding requires investment in technology to maximise its productivity.
- There is clearly an issue with clinical coding capacity for us to be fully up to date all the time. I think the big issue for the Board is how we prioritise what investment we can make against all our priorities when in the financial position we are in. My assessment is that we are 'good enough' on the coding front, especially when looking at the position across Wales, but as with all things, there is always room for improvement.
- In an ideal world we would invest more in clinical coding than we do currently however we are overwhelmed with challenges as we have seen in the TCS Case for Change and this priority will be in competition with many others. However, improvements must feature in our clinical strategy moving forwards.

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