

Wales Audit Office  
Clinical Coding Follow Up Report – Management Response

Recommendations	Target Date for Implementation	Status	Findings or the 2018 update	HB response to 2018 update findings / action plan	Timescales	Executive Lead
<b>Management of medical records</b> 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:						
b) Removing the use of temporary records, including poly-pockets, and ensure files are merged into the master patient record.	Ongoing	In progress	Coding staff said that despite significant improvements in the approach to health records standards, they still receive temporary files and poly pockets.	<b>One of the Key benefits of the implementation of RFID Health Records modernisation will be the reduction of the use of temporary folders. Implementation of RFID June 2019, this will improve the availability of information for Clinical Coding.</b>	<b>June 2019</b>	<b>CIO</b>
c) Reinforcing the Royal College of Physician (RCP) standards across the Health Board and the importance of good-quality records.	June 2014	Overdue	Some audit work based around the RCP standards has taken place in conjunction with Swansea University, but only in relation to the specialty of medicine at Morriston Hospital. It is not clear whether	<b>The importance of records keeping is reinforced at junior doctor's induction. Ward administration presentations and specialty coding presentations for the Gynae SHO team. The top ten tips for records keeping were</b>	<b>Q4 2019/20</b>	<b>CIO</b>

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			the standards are being reinforced elsewhere in the Health Board.	<b>also distributed in 2015/2016 to all departments within the Health Board. This continues to be the focus of the service in ensuring communication continues at every opportunity on the importance of record keeping. Clinical reference group sessions are planned to improve awareness.</b>		
e) Improving compliance with the medical records tracker tool within the Patient Administration Systems (PAS).	January 2015	In progress	Coding staff said that use of the medical records tracker tool within the PAS remains inconsistent.	<b>Tracking of acute records will cease on WPAS from June 2018 with the implementation of RFID. The new system will deliver improved tracking and availability</b>	<b>June 2019</b>	<b>CIO</b>
Clinical coding resources R2 Further strengthen the management of the clinical coding teams to ensure that good-quality clinical coding data is produced. This should include:						
b) examining with staff how quarterly joint clinical coding	January 2015	In progress	Coding staff do not meet on a quarterly basis, and cross-site meetings are rare.	<b>With the recruitment in July 2018 of a clinical coding service improvement</b>	<b>September 2019</b>	<b>CIO</b>

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<p>team meetings can be further developed to ensure that they are regarded as being of value by staff.</p>			<p>Nonetheless, the Head of Digital Records and Information Assurance made a very positive gesture of bringing all of the coding teams together for attending a focus group as part of this review. On the day, a number of staff members said how much they valued the opportunity.</p>	<p><b>manager, this has strengthened the management and effective communication of across the clinical coding teams. Team meeting structure has been revised to ensure effectiveness. A joint meeting is scheduled for September 2019.</b></p>		
<p>Board engagement 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>April 2015</p>	<p>In progress</p>	<p>A Health Board development information session was conducted by the Audit Lead in 2015 on Clinical Coding to raise the profile and to describe the context and rational for additional investment. This</p>	<p><b>Further Board Development and awareness sessions are being arranged for Board members as part of the new Swansea Bay revised governance structure.</b></p>	<p><b>Quarter 4 2019</b></p>	<p><b>CIO</b></p>

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			presentation was a factor in securing investment. We did not see evidence that there has been any further action in this area, either for existing or new Board members.			
<b>Engagement with medical staff</b>						
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.	February 2015	In progress	Information on clinical coding is provided for junior medical staff induction. The Health Board also provides coding awareness documents, which can be given to medical staff by coding managers. The Chief Medical Information Officer would like to see a fit-for-purpose clinical information governance structure.	<b>Clinical Coding awareness and training sessions are planned for the Clinical Reference Group in quarter 2 of 2019/20. The role of clinical leadership in Informatics is being reviewed as part of the Informatics 3 year workforce plan.</b>	<b>Quarter 3 2019</b>	<b>CIO</b>

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			<p>Professional guidelines suggest that it should include four to six people distributed across an organisation the size of the Health Board. There is recognition that not enough clinicians have taken part in the Clinical Information Reference Group and that it needs to be strengthened. Prospectively, the new medical director will have three deputy medical directors, whereas previously there was only one. This could create ongoing capacity to focus on clinical information and coding issues, and to ensure that a consistent approach to clinical coding training for medical staff is introduced.</p>			
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<p>b) Reinforcing the importance of completing timely discharge summaries.</p>	<p>December 2014</p>	<p>Overdue</p>	<p>Clinical coding staff said that the quality and timeliness of discharge summaries is still variable.</p>	<p><b>Significant clinical leadership has been in place to improve the completeness of discharge summaries, and it a KPI for all delivery unit performance reviews.</b></p> <p><b>The completeness of the discharge summaries will be supported further with the implementation of Welsh Clinical Portal across SBUHB. Implementation of E-prescribing and MTeD (medicine transcribing and Discharge) will enable junior doctors to record information ONCE as part of the clinical process. Timescales by delivery unit are detailed on the Informatics 3 year plan.</b></p>	<p><b>Reinforcement and monitoring of Discharge Summary Performance - Ongoing</b></p> <p><b>Further digital support - From May 2019</b></p>	<p><b>Medical Director / SDU Directors</b></p> <p><b>CIO</b></p>
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c) Improving clinical engagement with the validation of clinical coded data.	September 2014	In progress	Clinical coders and coding managers are engaging with clinicians and specialist nurses regarding the validation of the coding data, although it is not clear how widespread this engagement is.	<b>A full programme of engagement is being developed for 2019/20 as part of the Clinical Coding Audit programme.</b>	<b>Plan completed and audit programme in place for 2019 /20</b>	<b>CIO</b>
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