

Dear Sir/Madam

This is a follow up response relating to supply structure.

Please find our response below:

1. Please supply structure of your Clinical Coding Dept. If your Trust has multiple Hospital sites please include breakdown of structure between each hospital. **1 x band 7 Manager, 5 x band 5 Senior coders, 2 x band 4 Trainee coder**
2. Is the Clinical Coding Department a centralised function? **Yes**
3. How many Clinical Coders, Team Leader/supervisors, auditors, and coding managers do you employ (including vacancies)? [broken down into Bandings (If not detailed in 1 above)] **See Q1**
4. Do you have R&R in place at your Trust and if so please provide percentages for each band. **Yes – 20% all band 4&5**
5. Are all ACC coders promoted to a Band 6 at your Trust? **No**
6. Do you have a qualified Clinical Coding Trainer and/or a qualified Clinical Coding Auditor? **No**
7. Do the coding Team Leaders/Supervisors and Managers cover coding workload? If so what percentage of time do they spend coding? **Not routinely**
8. How many coder vacancies do you currently have? **1**
9. How many coding contractors do you currently have and from which agencies? **1 – GSA Techsource**
10. How many of these coding contractors fall within an overall charge rate of £250 per day for the Trust? **1**
11. Are you satisfied with the service your current coding agencies provide? And if not why? **Yes**

Incorporating hospital and community health services, teaching and research

12. Over the last 12 months how many permanent coders have left your Trust to go into working for coding agencies? **0**
13. Have you found that agencies are contacting your coding staff in work hours in order to lure them into agency work? If yes, do you know which ones? Yes – **unknown agencies**
14. Do you code totally from the full Medical Record or from EPR (Electronic Patient Records)? (Please specify separately for Surgery and Medical specialties) **EPR all specialties, notes for Bariatric Surgery**
15. How many separate systems are used to contribute to the Coding process; by system e.g. Radiology systems, Laboratory systems, Endoscopies, etc.? **Radiology, Histopathology, Endoscopy, K2 maternity system, Cerner Powerchart, Badgernet**
16. Do the Coders visit wards to gather the coding information? **Occasionally**
17. Do you have Coding runner/porters/admin team that support casenote delivery to the Coding Team? **no** Or Do the Coders visit wards to collect casenotes? **Occasionally**
18. Do your Coders code according to specific specialities or code multiple random specialities? **Random**
19. How many Finished Consultant Episodes (FCE's) per year do you have (inc. only In-Patients and Day-cases) **circa 73,000**
20. Have you started coding Out-patients? If yes, did you get extra coders recruited for it? If so how many? **No**
21. Do your coders have daily coding benchmarks on quantity? If yes what are your coders' daily coding benchmark? Do they vary with specialties or coding experience? **No**

If you have any queries about this response please contact the information governance manager at foi@homerton.nhs.uk , in the first instance. If, following that, you still have any concerns, you may contact the Information Commissioner either by letter, FOI/EIR Complaints resolution, Wycliffe House, Water Lane, Wilmslow, Cheshire SM9 5AF, or by email www.informationcommissioner.gov.uk to take them further.

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Yours sincerely

Mike Dunne
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