Approved Clinical Coding Auditor Code of Conduct 2022-23 Version 13.0

Contents

1 Introduction

1.1. Purpose of Document

The Terminology and Classifications Delivery Service (by virtue of this Code of Conduct) lays down the key principles, standards and protocols which includes certain limits, boundaries and guidance which an approved clinical coding auditor is required to follow when using and applying all aspects of the national Clinical Coding Audit Methodology[1].

The Clinical Coding Audit Methodology is designed for auditing coded data using the clinical classifications ICD-10[2] and OPCS-4[3].

1.2. Audience

The Code of Conduct is applicable to all clinical coding auditors approved by the Terminology and Classifications Delivery Service.

The Code of Conduct may also be useful to any individual or organisation commissioning the audit.

For the purpose of this document, any reference to 'audit' or 'auditor' throughout this document specifically pertains to clinical coding audit and clinical coding auditor.

1   Auditor Accountability

A clinical coding auditor is accountable to the commissioner of the audit. The 'commissioner' of an audit refers to the person who requests and/or pays for the audit. The commissioner could be, for example, the coding manager, clinical/medical director, information manager, chief executive, an Integrated Care System (ICS) (i.e. a former Clinical Commissioning Group), or any other individual interested in the quality of clinical coded data.

A clinical coding auditor is expected to abide by this Code of Conduct and any dispute or disagreements concerning the conduct of any party involved in the process will be dealt with in accordance with guidance given later in this document.

- An auditor must not accept payment from any third party in respect of an audit.

- A lead auditor will be identified where appropriate.

- An auditor is responsible for applying the current version of the national Clinical Coding Audit Methodology and adhering to the guidelines provided by the Terminology and Classifications Delivery Service.

- The lead auditor will secure the agreement of the commissioner to comply with the Terminology and Classifications Delivery Service audit methodology's audit

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[1] The Clinical Coding Audit Methodology framework provides a working NHS-wide model for carrying out coded clinical data audits, general or themed. It is only available to auditors that have successfully completed formal clinical coding auditor training delivered by the Terminology and Classifications Delivery Service.

[2] International Statistical Classification of Diseases and Related Health Problems – 5th Edition

[3] OPCS Classification of Interventions and Procedures Version 4.9

authentication mechanism before undertaking the work. This will prevent undue pressure being placed on the auditors should a dispute arise.

- An approved clinical coding auditor will comply with current national clinical coding standards, rules and conventions, three dimensions of coding accuracy and four step coding process, and will only assess the quality and accuracy of the clinical coded data against these. Other assessments and comparisons will be seen as judgemental and as a result should not be pursued by the auditor. Where the scope of audit includes assessing compliance with local policies that do not contravene national standards, this should be made clear before the start of the audit.

- An approved clinical coding auditor will uphold the reputation and good standing of the Terminology and Classifications Delivery Service in particular, and the profession in general, and shall seek to improve professional standards through participation in their development, use and enforcement. This includes when engaging in social media activities and online discussions. Any issues or concerns the auditor may have regarding the Terminology and Classifications Delivery Service or fellow approved clinical coding auditors / trainers should be directed through the appropriate channels via information.standards@nhs.net and not via online discussions and social media channels.

- Contact the Information Standards Helpdesk (see Appendix A) to seek advice if encountering difficulties when completing an audit, or for general queries. If for whatever reason a dispute arises, procedures must be instigated as detailed later in this document.

- Where possible an auditor should not undertake an audit at an organisation if previously involved in an audit or training at the same organisation. However, if the auditor's employment status has changed (e.g. now working for another organisation) and the audit time frame does not overlap with the auditor's period of employment at that Trust then the audit can be undertaken. In cases where an approved auditor is also an approved clinical coding trainer and responsible for the delivery of clinical coding training within the same organisation, this must be declared in the audit report.

2 General Principles

1.3.   Underlying principles

The underlying principles for holders of public office, and clinical coding auditors are considered as holding this status, are as follows:

1.3.1. Selflessness

Holders of public office should take decisions solely in terms of the public interest. They should not take decisions to gain financial or other material benefits for themselves, their family, or their friends. The principle applies to **all** auditors.

1.3.2. Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties. This includes exercising consideration and care in the use of social media and ensuring that the Terminology and Classifications Delivery Service is not brought into disrepute. See Section 2 of this document.

The auditor must perform their work with honesty, diligence and responsibility.

1.3.3. Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

An auditor must retain objectivity, auditing only against documented national standards, rules and conventions and the three dimensions of coding accuracy. Any discrepancies outside of national standards are deemed as judgemental and **should not** be pursued by the auditor. The exception is where the scope of the audit includes review of compliance with local coding policies.

Current national standards are available by accessing the Delen website.

1.3.4. Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

1.3.5. Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

1.3.6. Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

1.3.7. Leadership

Holders of public office should promote and support these principles by leadership and example.

1.3.8. Probity

The key element of this Code of Conduct is probity. Auditors must undertake their duties with the underlying principles in mind and declare any conflicts of interest or concern which may cause them to act against these principles. An auditor must try not to introduce any bias into the clinical coding audit process.

3.1.9 Confidentiality

The auditor must respect the value and ownership of information they receive / review and must not disclose information without appropriate authority unless there is a legal or professional obligation to do so.

1.4. NHS Data Security and Protection

Any organisation processing NHS information is required to comply with relevant legal and professional obligations that affect the management, use and disclosure of NHS information. An auditor is expected to adhere to their employing organisation's arrangements for accessing and sharing information within the patient medical record (paper / electronic / hybrid) as part of compliance and if in any doubt should seek further clarification.

The following document provides a useful overview of legal and professional obligations:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079616

1.5. Competency

Professional competence underpins all auditor activity enhanced through training, best practice and continuous professional development (CPD) to be up-to-date with current national clinical coding standards.

Approved clinical coding auditors will evidence competency and CPD through successful completion of the Auditor ePortfolio and Auditor eAssessment tool every year.

In addition, approved clinical coding auditors must attend an Approved Clinical Coding Auditor Forum (either face-to-face or online, depending on mode of delivery) once every two years.

The approved clinical coding auditor must also attend a three yearly Clinical Coding Standards Refresher Course (CCSRC). If approved clinical coding trainer status is also held, a Trainer Refresher Course delivered by the Terminology and Classifications Delivery Service must be attended instead. It is expected that the approved clinical coding auditor upload a certificate of successful completion of the appropriate refresher course to the CPD section within their ePortfolio as soon as practically possible.

3 Rules of Conduct

The whole audit process must be open and transparent. Auditors must behave impeccably whilst on site, or whilst conducting audit remotely, and show the utmost respect to the Trust's personnel making sure that there is no conflict at any time during the audit. The Trust has every right to complain if they are unhappy with an auditor's behaviour.

1.6. Role of the auditor

The auditor will:

- perform their work with honesty, diligence and responsibility

- disclose all material facts known to them that, if not disclosed, may distort the reporting of activities under review

- be prudent in the use and protection of information acquired in the course of their duties

- not use information for any personal gain or in any manner that would be contrary to the law or detrimental to the legitimate and ethical objectives of the organisation

- work in conjunction with another auditor where appropriate

- treat staff, service users and their carers' fairly regardless of race, ethnic or national origin, age, religion, gender, marital status, disability or sexual orientation

- conduct themselves with integrity, impartiality, honesty and without bias or incompetence

- declare, if within the last 12 months, they have ever been employed or contracted by or have other personal links with a Trust prior to significant contact

- take all reasonable steps to avoid circumstances which may imply bias or the appearance of bias

- carry out their activities so they cause the minimum of disruption to the organisation concerned

- agree a programme at the beginning of the audit and discuss what documents they will need, any required IT and system access, and which individuals and groups they should meet

- be open about who they are and what they are doing

- liaise with the clinical coding team throughout the audit process (either face-to-face or virtually, as applicable) and ensure that any amendments to code(s) and/or sequencing of codes is done with their knowledge and agreement. Any changes to the clinical coded data must comply with national clinical coding standards

- respect the confidentiality of information obtained subject to any statutory disclosure requirements. The auditors must be conversant with and comply with the Data Protection Act 2018 in the use of documentation within the Trust

- be clear about their judgements and be able to demonstrate a clear audit trail of how they reach their decisions and the evidence on which they are based

- report their findings without fear or favour

- seek out and report on examples of good practice

- review and update non-disclosure/confidentiality agreements to ensure that remote auditing processes and document exchange are incorporated

- destroy or discard any documents made available to the auditor once the audit is completed

- carry out all the functions and objectives contained in this document. In short, the entire document must be read and considered as the Code of Conduct (and not just this section).

4 Dealing with Disputes

Before beginning the audit, it is important that the auditor(s) secure the agreement of the Trust on the procedure for dealing with disputes. Any attempt by the Trust to bring pressure to bear on auditors, other than through the process detailed in this document, will void the agreement between the auditors and the Trust.

1.7.   Independence and objectivity

The Terminology and Classifications Delivery Service reserves the right to withdraw the approved status of any auditor deemed to be in breach of the Code of Conduct.

1.8.   Disputes between auditor(s) and Trust

1.8.1. Informal process

Where a disagreement or dispute arises as a result of audit, the auditor will endeavour to resolve the issues on site, or remotely as applicable, before completing the audit report/presentation. This should be done at the exit interview. Should it not be possible to resolve the issue the auditor will follow the formal process outlined in section 5.2.2 Formal Process

1.8.2. Formal process

1.8.2.1. Technical coding issues

If a technical coding audit issue cannot be resolved, the auditor and the Trust must agree to remove the episode from the audit and refer the issue to the Terminology and Classifications Delivery Service using the audit authentication mechanism. This mechanism can only be used where national standards have been contravened or where clarification of a national standard is required rather than to mediate issues of judgement.

The auditor will complete an Audit Authentication Form (Appendix J of the Clinical Coding Audit Methodology) and in conjunction with a representative of the Trust submit the completed form to the Information Standards Service Desk. The full process is detailed in the current version of the Clinical Coding Audit Methodology.

Where an Audit Authentication form has been submitted discussion of the disputed codes will be undertaken with the relevant subject matter experts.

1.8.2.2. Non-coding issues

All other types of dispute between auditor and Trust can be raised via the Information Standards Service Desk and marked 'for the attention of the Classifications training team'.

1.9.   Disputes between auditor(s) and Terminology and Classifications Delivery Service

Should such a dispute arise, it must be submitted via the process outlined in section 5.2.2.2 in the first instance.

Should an official complaint be made, this will be escalated to the Senior Service Manager and managed via the Terminology and Classifications Delivery Service complaints procedure.

1.10.   Securing agreement with a Trust

As already stated, the auditor is solely responsible for securing the agreement of the Trust to adhere to the process prior to carrying out the audit. Should Trusts try to circumvent this agreement by involving any party other than those stated, then this will be deemed to be coercion and will negate the agreement that exists between the auditor and the Trust.

1.11.   Shared arrangements

Where a Trust employs an approved clinical coding auditor, it is acceptable for that Trust to enter into the shared arrangements with (an approved auditor of) another Trust for completing a clinical coding audit.

5 Reporting

The audit findings, conclusions and recommendations can be reported to the audit commissioner in whatever format best suits the needs of the commissioner, e.g. a written report, a PowerPoint presentation, a data quality dashboard.

A well written/designed and clear format identifying strengths and weaknesses and making SMART[4] recommendations which are evidence based will enable local organisations to take forward quality improvements.

Providing concise, up-to-date organisational information within the report / presentation / dashboard is good practice, gives context to the report / presentation / dashboard and is useful for future reference by the organisation. It may not always be necessary to issue the pre-audit questionnaire to gather this information if it is already available to the auditor but the auditor must ensure that the final report / presentation / dashboard contains all relevant and up-to-date information.

The content should make reference to the status of any previous audit recommendations including details on any progress made or completed.

It is also important to provide a balanced view and any reported strengths and weaknesses must be evidence-based.

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[4] SMART – Specific, Measureable, Achievable, Realistic and Timely/Timebound.

6 Maintaining Approved Clinical Coding Auditor Status

A clinical coding auditor must hold a valid certificate to be approved. These are issued annually by the Terminology and Classifications Delivery Service to confirm the auditor has provided evidence of having achieved the necessary criteria in the Auditor eAssessment tool and fully evidenced all mandatory elements of the Auditor ePortfolio.

1.12. Enforcement

The Terminology and Classifications Delivery Service reserves the right to withdraw the approved auditor status of any auditor deemed to be in breach of the Approved Auditor Code of Conduct.

7 Contact Details

For clinical coding audit queries please contact:

Information Standards Service Desk

Telephone: 0300 30 34 777

Email: information.standards@nhs.net

https://nhsengland.kahootz.com/connect.ti/t_c_home/groupHome

8 Glossary of Terms

Term / Abbreviation	What it stands for
Health & Social Care Information Centre (HSCIC)	The Health and Social Care Information Centre (HSCIC) is an independent public service, established in April 2013 by the by the Health and Social Care Act 2012 as an executive non-departmental public body of the Department of Health and Social Care (DHSC). It is responsible for collecting, transporting, storing, analysing and disseminating the nation's health and social care data.
NHS Digital	NHS Digital is the new trading name of the Health and Social Care Information Centre (HSCIC) and became effective on 1st August 2016.
International Statistical Classification of Diseases and Related Health Problems – Tenth Revision/ICD-10	The World Health Organisation (WHO) International Statistical Classification of Diseases and Related Health Problems – Tenth Revision is an existing NHS Information Standard.
Terminology and Classifications Delivery Service	The Terminology and Classifications Delivery Service is part of NHS Digital and sets the national clinical coding standards for clinical classification data (ICD-10 and OPCS-4) used in the NHS.
OPCS Classification of Interventions and Procedures, version /OPCS-4	The OPCS Classification of Interventions and Procedures version 4 is a UK classification and is an existing NHS Information Standard. The classification devised for translating or classifying all operations and surgical procedures that may be carried out on a patient during an episode of health care.
Delen	Delen is the site used by NHS Digital to collaborate with our partners and share information. It contains a library of the national terminology and classifications standards including ICD-10 and OPCS-4.