
Public Board Meeting 31 March 2011

Information Governance Standards: 20010 - 2011 End of Year Assessment

Presented by: Nick Evans, Director for Partnerships

Purpose

1. The purpose of this report is to inform the Board of the Trust's position at the end of year on levels of compliance against the national Information Governance Toolkit (IGT) v8.0.

Background

2. The Trust made its baseline submission against v8 of the IGT on 31st October 2010 for the period 1st April 2010 – 31st October 2010. The Board was informed of our baseline submission in Nov 2010 and of the many changes in version 8 of the IG Toolkit. A number of requirements have been merged, consolidated or removed all together. The actions required to meet each of these requirements at level 2 has been considerably harder to achieve during 2010-2011 and has resulted in a slight drop in our overall percentage score compared to last year.
3. The assessment grading scheme has been changed and instead of Red/Amber/Green, there are now just two grades:
 - **Satisfactory** : level 2 achieved on all requirements
 - **Not Satisfactory**: level 2 not achieved on all requirements
4. This change links directly to the NHS Operating Framework (Informatics Planning 2011/12) which requires all organisations to achieve level 2 in all requirements (not just 'key' requirements as has been the case in previous years).

IG Toolkit v8.0 – End of Year Submission

5. Although the Trust has made excellent progress since the baseline declaration on 31st October 2010, resulting in achieving level 2 or above in 44 out of 45 requirements, this has still resulted in a 'not satisfactory' status.
6. The Trust's overall performance through the year is summarised in the chart below and detailed in Appendix 1.

	End of Year Results 31.3.2010 V7.0	Baseline Assessment 31st Oct 2010 V8.0	End of Year Results 31.3.2011 V8.0
Overall Results	77% (GREEN)	59% Not Satisfactory	73% Not Satisfactory

Action Plan to Achieve Level 2

7. The Trust has achieved 'satisfactory' status in all requirements with the exception of:

IG 505 - A robust programme of internal and external data quality/clinical coding audit in line with the requirements of the Audit Commission and NHS Connecting for Health is in place.

8. A data quality/clinical coding audit for Information Governance was carried out October 2010 as part of a programme of internal Information Governance audits designed to supplement annual external Data Assurance Framework clinical coding audit. The audit assessed the completeness of coded clinical data within the Trust as it pertains to the minimum data set (MDS). The audit also evaluated the quality of the coded clinical data by making comparisons between the information held on the Patient Administration System (PAS) and the information recorded in the clinical case notes and other source documents.
9. The sample taken for the audit at West Hertfordshire Hospitals NHS Trust amounted to 204 finished consultant episodes (FCE's) and covered Colorectal, Thoracic Medicine, Cardiology and Gynaecology.
10. NHS Connecting for Health set the following percentage accuracy scores as targets;

	Level 2	Level 3
Primary Diagnosis	>=90%	>=95%
Secondary Diagnosis	>=80%	>=90%
Primary Procedure	>=90%	>=95%
Secondary Procedure	>=80%	>=90%

11. Unfortunately the Trust was unable to meet these accuracy scores and the Trust's overall percentage of correct coding achieved is documented in the table below.

	Correct (%)
Primary Diagnosis Coding	77.50 %
Secondary Diagnoses Coding	79.70 %
Primary Procedural Coding	88.39 %
Secondary Procedural Coding	92.36 %

12. The following actions have been taken to achieve Level 2:

- a stronger focus has been placed on capturing and recording of co-morbidities by both clinicians and coders
- a regular auditing programme has been established, focussed on improving specificity and attention to detail, with face-to-face feedback to clinical leads
- the clinical coding department has increased engagement with all specialties in order to validate the coded data, create a forum for dialogue and obtain clinician guidance on specific procedures.
- the Trust is supporting more coders to attain the ACC qualification.
- the Trust Head of Coding has recently qualified as a Clinical Coding Auditor, and a programme of internal audits is now in place
- a business case for the recruitment of an in-house coding trainer is under consideration

Implications of the 'Not Satisfactory' Score

13. In the event that the Trust does not achieve the required standard for coding, and thus fails to achieve an overall 'satisfactory' score for level 2, the following potential risks may arise:

- N3 connectivity being withdrawn to applicable Care Records Services such as Choose & Book and ESR;
- The Information Commissioner taking enforcement action against the Trust if we were to suffer a further data protection breach;
- conditions being applied to the Trust's registration by the Care Quality Commission (CQC)

14. These risks will be mitigated as long as the action plan summarised above is implemented and results in the necessary improvement in our coding.

Recommendation

15. The Board is asked to:

16. Note the contents of this report.

17. Approve the Trust's 2010-2011 IG Toolkit End of Year assessment

18. Note the action plan for achieving level 2 for IG 505.

19. Receive a further report summarising the Trust's v9.0 baseline scores during 2011/2012.

Nick Evans
Director of Partnerships
March 2011