



Kent and Medway
NHS and Social Care Partnership Trust

Information Governance & Records Management Department

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Sent via email

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Dear [REDACTED]

Request for Information

I write further to your request FOI ID 47749 under the Freedom of Information Act 2000 regarding: -

Clinical Coding

Your request is set out below:

1. How many episodes of care were coded by your organisation in 2024 (both inpatient and outpatient)?
2. How many episodes of care went uncoded in 2024?

Inpatient: Inpatient consultant episodes ending between 01/01/2024 and 31/12/2024 with a count of Total Spells Ending, Total Diagnosed and Total Undiagnosed

Total Inpatient Spells Ending In Year	Total Diagnosed/Coded	Total Undiagnosed/Uncoded
2683	2582	101

Community: Referrals ending between 01/01/2024 and 31/12/2024 with a count of Total Referrals ending, Total Diagnosed and Total Undiagnosed – please note there is no routine policy of recording diagnosis in the community.

Total Referrals Ending In Year	Total Diagnosed/Coded	Total Undiagnosed/Uncoded
145097	8582	136515

3. How much income do you estimate was not generated due to uncoded activity?
The Kent and Medway NHS and Social Care Partnership Trust is a mental health trust and its income is a block value from the commissioners therefore, clinical coding doesn't influence payment as it would in an Acute provider.
4. Can you provide the split of coding volumes between specialities (e.g., oncology, cardiology)?

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Trust Chair – Dr Jackie Craissati
Chief Executive – Sheila Stenson

The Kent and Medway NHS and Social Care Partnership Trust is a mental health trust and as such activity isn't categorised by speciality.

5. Please explain how your organisation manages coding activity.
Clinical coding is outsourced to another NHS provider.
6. Are outpatient and inpatient coding managed by the same team or separate teams?
Clinical coding is outsourced to another NHS provider so we are unable to provide a response to this question.
7. How many Whole-Time Equivalent (WTE) staff complete clinical coding for the Trust?
Clinical coding is outsourced to another NHS provider so we are unable to provide a response to this question.
8. What proportion of the total WTE staff for clinical coding is substantive (permanent), bank staff, and agency staff?
Clinical coding is outsourced to another NHS provider so we are unable to provide a response to this question.
9. Does the Trust currently have any automated solutions in place for clinical coding?
No
10. If yes, please explain the automated solution that is in place.
N/A
11. If not, is the Trust planning to implement automated coding solutions in the next 12–24 months? Or would it be interested in exploring potential solutions?
No
12. Is the Trust currently on Payment by Results (PbR), block contracts, or another financial model?
Block Contracts
13. What clinical coding systems or software does the Trust currently use to capture clinical codes?
Clinical coding is captured within the Trust's master electronic patient record.
14. Does your Trust's Electronic Patient Record (EPR) system integrate clinical coding, or do clinical departments use standalone systems?
Standalone
15. What are the main challenges the Trust faces in clinical coding (e.g., timeliness, accuracy, staffing shortages)?
As this service is outsourced the challenges are minimal.
16. Could you provide the contact details (name, job title, and email) of the person who is ultimately responsible for overseeing clinical coding within the Trust?
The Trust outsources this service to the Maidstone and Tunbridge Wells NHS Trust.

I confirm that the information above completes your request under the Freedom of Information Act 2000. I am also pleased to confirm that no charge will be made for this request.

If you have any questions or concerns or are unhappy with the response provided or the service you have received you can write to the Head of Information Governance at the address on top of this letter. If you are

not content with the outcome of your complaint, you may apply directly to the Information Commissioner for a decision.

Yours Sincerely

On Behalf of
The Information Governance Department