



Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Ein cyf/Our ref: CEO9402
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Dyddiad/Date: 13 January 2023

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Russell George MS,
Chair, Health and Social Care Committee

Mark Isherwood MS,
Chair, Public Accounts and Public Administration Committee

Email: SeneddHealth@senedd.wales

Dear Russell and Mark,

Re: Welsh Community Care Information System (WCCIS)

Thank you for your letter of 5 December 2022 and for the opportunity to provide evidence to the Health and Social Care Committee on the adoption of the Welsh Community Care Information System (WCCIS) within our Health Board.

Please find attached our response to the questions raised by the Committee. Should the Committee have any further queries, I would be happy to provide additional information.

Yours sincerely

Steve Moore
Chief Executive

Enc. Hwyel Dda University Health Board WCCIS position statement

Health and Social Care Committee 26/10/2022 – Welsh Community Care Information System (WCCIS)

1. Whether your health board has agreed to adopt the Welsh Community Care Information System (WCCIS)

The vision for integrated, person centred health and social care services is critical for the integration of services which and is fundamental to the digital direction of the Health Board.

We recognise that WCCIS/CareDirector system can support this integrated working across Health and Social Care. However, while the vision is right, the system itself has a number of fundamental issues which have affected the expected functionality and system performance. This has impacted on adoption, meaning that the vision is still a long way from being realised, as highlighted by the Auditor General's report in July 2022.

In August 2017, our Board received an outline business case for the implementation of WCCIS within Hywel Dda in pilot form. This pilot implementation would run for 12 months from signing the deployment order or until such time that an evaluation of the product could be undertaken. The initial deployment order was for community nursing and integrated teams only as proposed by CareWorks (the systems supplier, now changed to Advanced), however we had the ability to define what we considered to be an integrated team. Mental Health and Therapies were excluded unless part of an included integrated team, and a separate deployment order would be required for implementation to any other area.

Our deployment order was formally signed in November 2019 with the first users onboard in December 2019. The deployment order was limited to a maximum of 400 users. Currently the Health Board has 389 active users, most of whom are community staff within Ceredigion.

The Committee should note that it was always the intention of the WCCIS Project to begin with the implementation within the Community Nursing sector as they do not have any digital collection systems and would benefit the most from implementation. Mental Health teams have a robust clinical reporting system, as do Therapies for the secondary care elements.

2. If so, an overview of the current position in implementing WCCIS within the health board

As stated above WCCIS is currently used by about 389 staff consisting of District Nurses, Porth Gofal integrated team (the integrated community team between the Health Board and Ceredigion County Council) and Children's Disabled Health Team in the Ceredigion area, Flying Start teams in both Carmarthenshire and Pembrokeshire and generic Health Visitor and Looked after Children teams.

The Health Board fully supported the adoption of WCCIS, however there have been a number of negative experiences raised by front line staff around the use of WCCIS within Hywel Dda. As a result of the issues the Digital Director wrote to the Programme Director for WCCIS outlining the following specific user issues. Please note that this is not a full list of the user issues but are the key themes.

- Community Nursing, Health Visitors and Community Therapies services remain supportive of WCCIS and a desire for other teams to begin using the WCCIS system now that performance of the system appears to have been stabilised. However, we are reluctant to bring new users on to WCCIS and to increase license numbers until the Mobile App and Integration is available. The Mobile App and Integration are approximately 26 months behind the original delivery date. We have recently tested a beta version of the mobile application, but it is not truly a native mobile application, but a secure website which requires a secure connection to a mobile network or wi-fi to be operational. Connectivity challenges within our rural communities makes this response more challenging for us operationally.
- The lack of mobile integration, and contemporaneous note taking within the system means that the current version is not fit for purpose. Community nurses have to make written notes at the time of the patient encounter and then type these notes into WCCIS later. This leads to duplicated effort, which is wasteful and frustrating for our staff. While the scanning into WCCIS of hand-written, paper-based documentation is possible, linking the scanned image to the patient record is time consuming and limits the ability to extract useful data for reporting and analytics from the system.
- District nurses need to be able to refer to existing information about a patient and without mobile or offline access to relevant patient information or documents the district nurses need to take paper notes with them. The paper file for a patient needs to be as complete as possible which means that the paper files need to include any documentation that is created on WCCIS which leads to printing from WCCIS to go into the paper file.
- Access is also needed to non WCCIS documents which are created electronically and form part of the “single patient record”. Documents such as Outpatient Clinic letters and Discharge Advice Letters cannot be accessed via WCCIS as the integration work has not been completed.

The Health Board acknowledges that the digital transformation programme within the Community setting is very complex, however the issues that have been experienced by our front line users with WCCIS have hampered the continued improvement. The system will need to be user designed to allow ease of use and provide the reporting and the interoperability required for the strategic direction of the Health Board The current Master Services contract states that the contract will run for a period of 7

years, with options to extend annually for a further period up to March 2030. As the deployment order was agreed in 2019, the Health Board will be out of contract in 2026. To that end the Health Board is actively exploring a replacement solution for district / community nursing which will allow the flexibility outlined in the feedback from users, based on the timescales for adoption, a new system will have to be commissioned within 2024/2025.

3. If your health board has chosen to use a different system instead of WCCIS:

a. The reasons for deciding to do so;

N/A

b. Whether that system is interoperable with WCCIS;

N/A

c. Any potential risks that have been identified, and how they are being managed

N/A