

## Children and Young People Overview and Scrutiny Panel

8 April 2010

### Resolution 49 – Carefirst

The CareFirst programme manager met with two social workers experienced in using CareFirst, to understand where they felt there were shortfalls in the usability of the software. In summary, 14 of the 16 points (87.5%) raised can be addressed and resolved either with existing functionality or through implementation of future versions of the software. Although not raised during this interview, the CareFirst team is well aware of many other issues that front line workers are experiencing, hence the extensive programme that is being planned. These shortfalls are explained in more detail in the bullet points below:

1. Core Assessment to Child Protection Review – it was felt that much of the information already existed in the system through input to the Core Assessment and could be made available for transferring into the Child Protection Review. *CareAssess forms would need to be reviewed to determine where the data flow can be automated through the view last functionality but it is believed that this could be part automated.*
2. The previous issue of data being entered once and reused in other places was seen to be an issue. The users felt that there were some questions that are repeated across forms and the information could be made available to automatically flow from one to another. *As per the previous bullet point, business processes are scheduled to be reviewed to determine where this type of function would be beneficial taking into account that various data items are collected at different stages throughout the process. However, as above, it is believed that enhancements could be made to allow this information to flow in appropriate circumstances.*
3. The users identified the need to be able to duplicate information across sibling groups whether in Core Groups, CP visits or observations. *Versions 6.8 and 6.9 of CareFirst provide functionality to allow this to happen. However, there are some instances where it would not be appropriate for this to be made available and when each individual child in a sibling group needs to be assessed independently – users must also become more disciplined in using these functions to ensure that duplicated activity is updated to reflect the case record that it has been copied to. The new versions of the system, allow permissions to be set against each individual assessment form to determine whether the users can copy a full questionnaire, text only or individual questions.*
4. The users feel that at particular points in the day there are still performance issues around the speed of the system. *New TTS (Technical Transition Studies) are scheduled to review how PCC are using the system and to make sure that the technical platforms are sufficiently robust to facilitate the required utilisation. With each new set of functionality added, the suppliers (OLM) will be commissioned to check the technical platform and make recommendations where upgrades are necessary. In addition, we have received some bug fixes from the suppliers that mean that performance will be improved due to the way that the database is being searched.*
5. Cutting and pasting information across children's records e.g, sibling groups to speed up data entry, through having multiple CF sessions open. *There have been performance issues relating to the number of CareFirst sessions that a worker has open at any point in time. To keep the performance of the system to a minimum, users have been asked to open as few as possible and only to open duplicate sessions where absolutely necessary. This message needs to be communicated more fully to ensure that users use this ability appropriately.*
6. At present the users write e-mails to notify managers that authorisations are waiting to be processed. In some instances, the system has already been configured to automate alerts to a manager's desktop and hence exclude the need for workers to generate e-mails. *Functionality already exists within the system to enable this to be rolled out further, but consideration needs to be given to each business process in turn to determine where these are appropriate. Process review has been identified as a work stream for the CareFirst programme.*

7. The users would like the system to be able to automatically pick up the date of last meeting and core group members when recording Core Group information. *There currently is not functionality within Carefirst to enable this request. This can be raised with OLM to determine whether they would be willing to develop the software to allow this to happen. However consideration needs to be given to the process of recording this information and whether we should be using the Core Group Meeting screen only as opposed to collecting some of the relevant information on an assessment form.*
8. The users highlighted that one of the LAC forms has a double negative question which is misleading when entering data. *This can easily be rectified through updating of the form questionnaire.*
9. The users have identified that there is a question at the bottom of the Core Assessment that asks the user what they intend to do next; if the user chooses Core Assessment because that's what they are currently working on, then the system opens a new Core Assessment thus duplicating the one already opened and hence falsifying statistics etc. *The form can be reviewed to remove the Core Assessment option since this is the document already being completed.*
10. When completing the S47 form, the system allows a new Core Assessment to be triggered when might have been started already. This is causing confusion for the users. *This function has already been removed to ensure that this can no longer happen.*
11. The users have complained of confusion about where to find information since the combination of the ICPC and Core Assessment. There is confusion as to where this information should be held i.e. under Child Protection or Children and Families. *Although the users may feel that they would want to see this information under Child Protection, senior managers have signed off that the information should be stored under 'Children and Families' context.*
12. Ability to have multiple desktops open or more than one screen. *See bullet point 5 above.*
13. It was identified that on the 'Review report CiN' in the outcome question, there is not an option for 'Closure'. *Again business processes will be reviewed to determine whether this is a suitable option at this point in the process and if so, the system will be adjusted to reflect the new requirement.*
14. Since the Closure Record and the Review record ask the same questions, it was requested that we look at whether any of the information can be automatically transferred from one to the other. *Business processes will be reviewed to determine whether this is a suitable option at this point in the process and if so, the system will be adjusted to reflect the new requirement.*
15. In some instances users need to be able to record 'Other' twice on the health assessment questions. I.e. where a child's medical conditions are not on the drop down list both may be relevant and significant to the services provided. *The form will be reviewed to determine whether we can include 'Other 1' and 'Other 2' to capture this type of information where relevant.*
16. When recording the Family history information, users often run out of space on Core Assessments and Functioning sections. *Future versions of CareFirst allow for the space to be either monitored where typing is being input or to allow the space to grow to a maximum preset size as the user types.*

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