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Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

Betsi Cadwaladr University Health Board

## Case Study

**UCentric In-Life Logging for Betsi Cadwaladr  
University Hospital NHS**

Presented By: MIT

## Background

Betsi Cadwaladr University Health Board (BCUHB) is the largest health organisation in Wales, serves 676,000 people across North Wales. It operates 3 district general hospitals, 22 community hospitals, and over 90 health centres and units. Its telephony network is built on Cisco Unified Communications Manager (CUCM), supporting around 13,000 physical extensions, 800 softphones, 29 contact centre services, 3 hospital switchboards and more than 140 IVR menus.

Accurate auditing, call logging, call tracking and reporting is vital due to the critical nature of emergency and patient related communications, a challenge shared by many NHS trusts, including University Hospitals of North Midlands (UHNM) where there are multi-site hospital environments.

## The Problem We Overcame

In 2016, BCUHB began migrating 120 legacy PBX systems, 14,500 handsets, and over 500 ISDN/PSTN lines to CUCM.

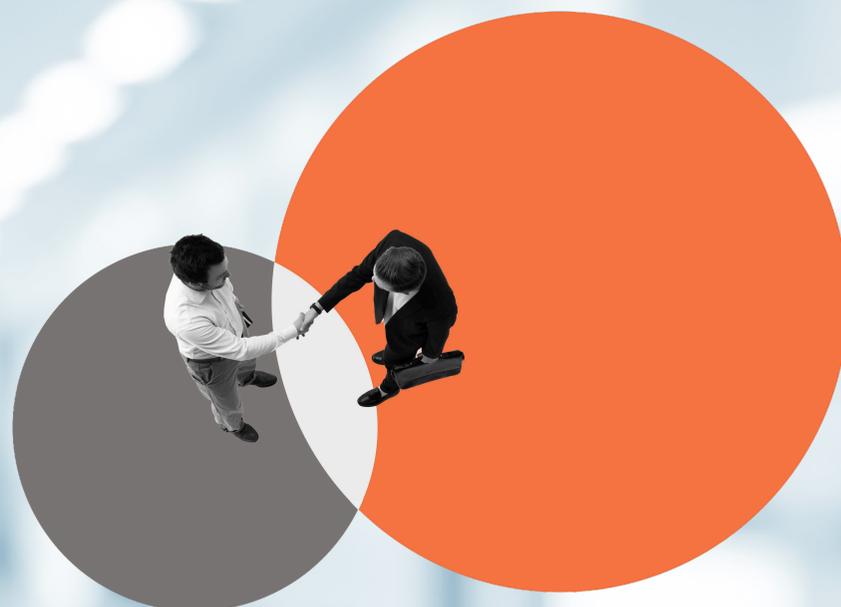
Integrating the legacy systems and CUCM during the migration made fault finding and call record tracking difficult, particularly when calls were transferred multiple times across sites. Call records were fragmented across systems, limiting visibility and making end to end call tracking time consuming and complex.



## Problem Statement

BCUHB needed a unified, transparent view of call activity across all sites and wards, enabling cradle-to-grave call tracing regardless of how many systems or locations were involved. The organisation also needed a way to proactively identify missed and unanswered calls at ward level, in order to improve responsiveness and patient experience.

Existing tools and native CUCM reporting did not provide sufficient clarity, speed, or accessibility for clinical and operational teams.



## Objective

The primary objective was to deliver a single, easy-to-use reporting and analytics platform that could:

- Trace calls end-to-end across multiple CUCM clusters
- Provide rapid access to call data for audits and investigations
- Highlight missed and unanswered calls at ward level
- Enable operational teams to act on issues in near real time

A further objective was to make call data accessible and understandable to non-technical users, ensuring insights could be acted upon without specialist telephony knowledge.

## Solution Implemented

UCentric was implemented at BCUHB to consolidate and normalise call data across all CUCM instances. By intelligently linking distinct CUCM call IDs, UCentric enabled true cradle-to-grave call tracing, allowing calls to be followed seamlessly as they moved between sites and systems.

Automated reporting was configured to capture calls to and from specific numbers, including priority and emergency-related numbers, and distribute these reports directly to relevant stakeholders. This significantly reduced the effort required to gather information and ensured critical data could be accessed quickly when required.

In parallel, the new UCDashboard capability was deployed, allowing BCUHB to build custom dashboards for individual wards. These dashboards clearly highlighted missed and unanswered calls, with visibility extended to ward managers and team leaders to support timely intervention.



## Technology Used

The solution was delivered using the UCentric analytics and reporting platform, integrated directly with Cisco CUCM. UCentric aggregates, correlates, and presents call data in a clear and consistent format, regardless of system complexity or scale.

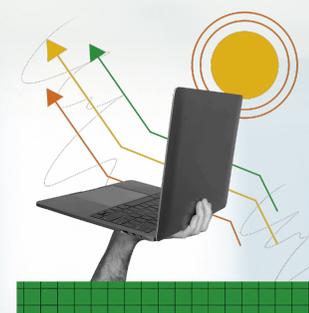
The addition of UCDashboard provided a visual, role-based layer, enabling ward-level and operational dashboards tailored to the specific needs of clinical and management teams. Automated reporting ensured insights were delivered proactively, rather than relying on reactive investigations.

## Implementation Challenges

One of the key challenges was the complexity inherent in a multi-site NHS environment, where call flows frequently cross organisational and technical boundaries. Ensuring accurate correlation of call records across multiple CUCM instances was critical to delivering trustworthy reporting.

Another challenge was ensuring that reporting outputs were meaningful to clinical users. UCentric addressed this by presenting data in a clear, intuitive format and allowing dashboards to be customised to reflect how wards and teams actually operate.

The implementation was completed without disruption to live clinical services, ensuring patient care was not impacted.



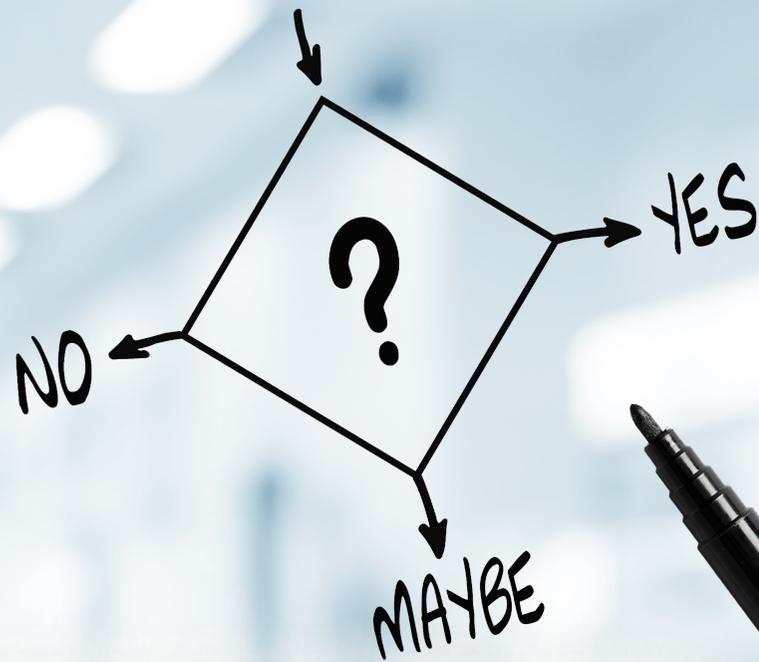
## Results and Benefits

Following implementation, BCUHB gained full visibility of call journeys across all sites, significantly improving their ability to audit, investigate, and respond to critical call scenarios, including internal emergency calls. Ward-level dashboards exposed patterns of missed and unanswered calls that were previously hidden, enabling management teams to address staffing, process, and workload challenges. Over time, this insight supports improved patient experience, reduced call abandonment, and better operational resilience.

During and following the migration, MIT supported the programme by identifying used and unused or unregistered devices, telephony features, and legacy circuits or lines that could otherwise have been overlooked. This made MIT's auditing capability highly valuable, helping reduce risk, avoid unnecessary costs, and ensure the accuracy of the telephony estate as services transitioned to CUCM.

Beyond immediate operational improvements, MIT has become a key tool for ongoing auditing and optimisation of the Cisco IPT estate. By highlighting unused or unregistered devices and reclaimable licenses, the organisation is able to re-utilise assets effectively, prevent license wastage, and maintain tighter governance over its telephony environment.

Together, UCentric and MIT have positioned BCUHB with a scalable analytics and auditing platform capable of supporting long-term optimisation, compliance, and governance of healthcare communications.



## Conclusion

The deployment of UCentric at BCUHB transformed the hospital's ability to understand and manage its telephony environment. By unifying call data across multiple sites and systems, the solution removed long-standing visibility gaps and delivered actionable insights at both operational and clinical levels.

Crucially, UCentric enabled rapid access to accurate call records for critical scenarios, while also addressing day-to-day challenges such as unanswered ward calls. The introduction of custom dashboards empowered teams to take ownership of issues and drive measurable improvements.

As NHS organisations continue to operate under increasing pressure, the BCUHB case demonstrates how UCentric can play a vital role in improving communication, accountability, and patient outcomes across complex healthcare environments.