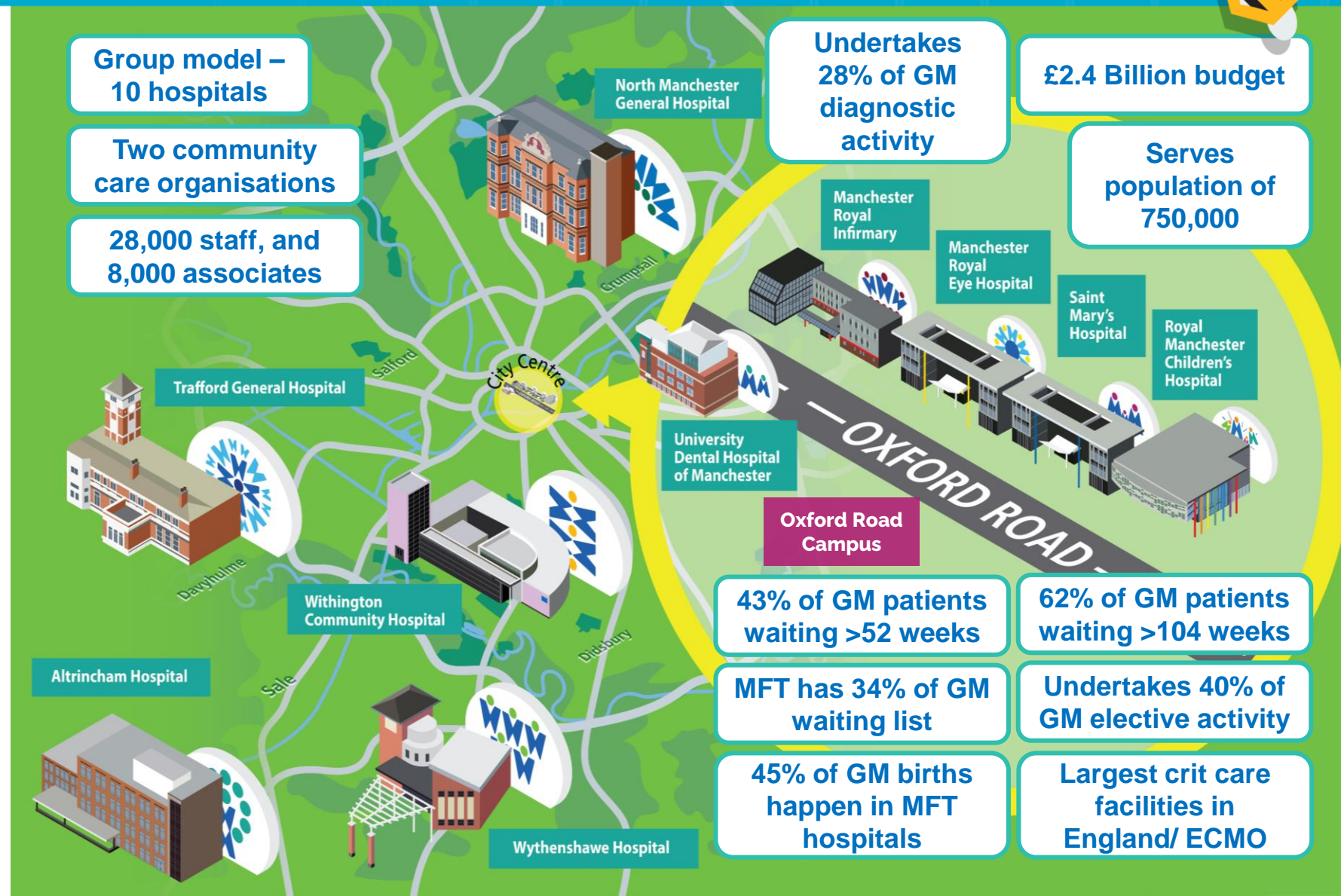# About MFT

- Largest provider of specialist services in England, covering a population of 2.8 million. Sole provider for several tertiary services across Greater Manchester

- Leading Trust in the North-West for research and teaching

- Unique clustering of clinical services with life sciences and academia

- An 'anchor' organisation supporting the transformation of public service provision.

Group model – 10 hospitals

Two community care organisations

28,000 staff, and 8,000 associates

Undertakes 28% of GM diagnostic activity

£2.4 Billion budget

Serves population of 750,000

North Manchester General Hospital

Manchester Royal Infirmary

Manchester Royal Eye Hospital

Saint Mary's Hospital

Royal Manchester Children's Hospital

Trafford General Hospital

Salford

City Centre

University Dental Hospital of Manchester

Oxford Road Campus

OXFORD ROAD

Davyhulme

Withington Community Hospital

Didsbury

Altrincham Hospital

Sale

Wythenshawe Hospital

Crumpsall

43% of GM patients waiting >52 weeks

62% of GM patients waiting >104 weeks

MFT has 34% of GM waiting list

Undertakes 40% of GM elective activity

45% of GM births happen in MFT hospitals

Largest crit care facilities in England/ ECMO
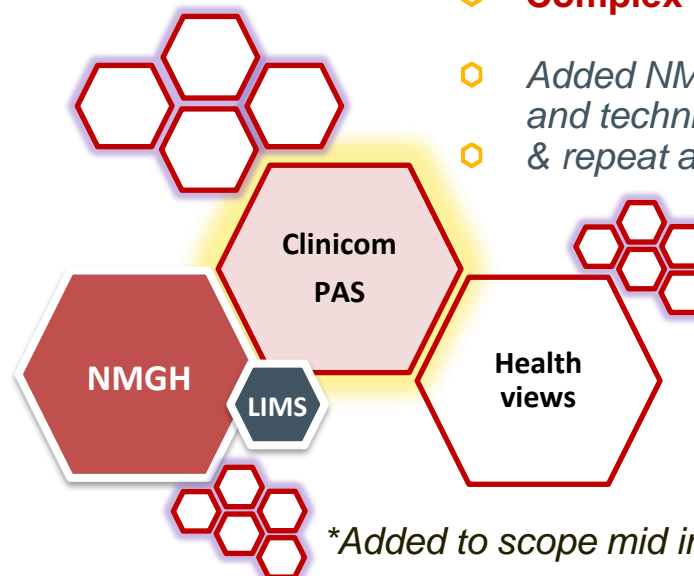
Digital Landscape – Pre-September 2022

- Multi campus Organisation
- Three PAS and EPRs, not integrated
- Multiple & duplicate 3rd party systems
- Multiple LIMS
- Manchester and Trafford Local Care Organisation (LCO) services

- Multiple MPI and duplicate patient records
- Part paper & part electronic case notes
- Multiple in/out data flows
- Joining of data for reporting

- **Complex integration!**

- *Added NMGH to scope, operationally and technically separate & repeat all of the above!*

*Added to scope mid implementation

Digital Landscape – Post-September 2022

- Single PAS and Core EPR
- Consolidated 3rd party systems
- + additional 3rd party systems
- Single LIMS
- Medical Device integration

- Single MPI and electronic record
- Not creating paper casenotes

- Consolidated data flows and reporting

- In Patient context electronic archive
- NMGH fully integrated

- Simplified landscape
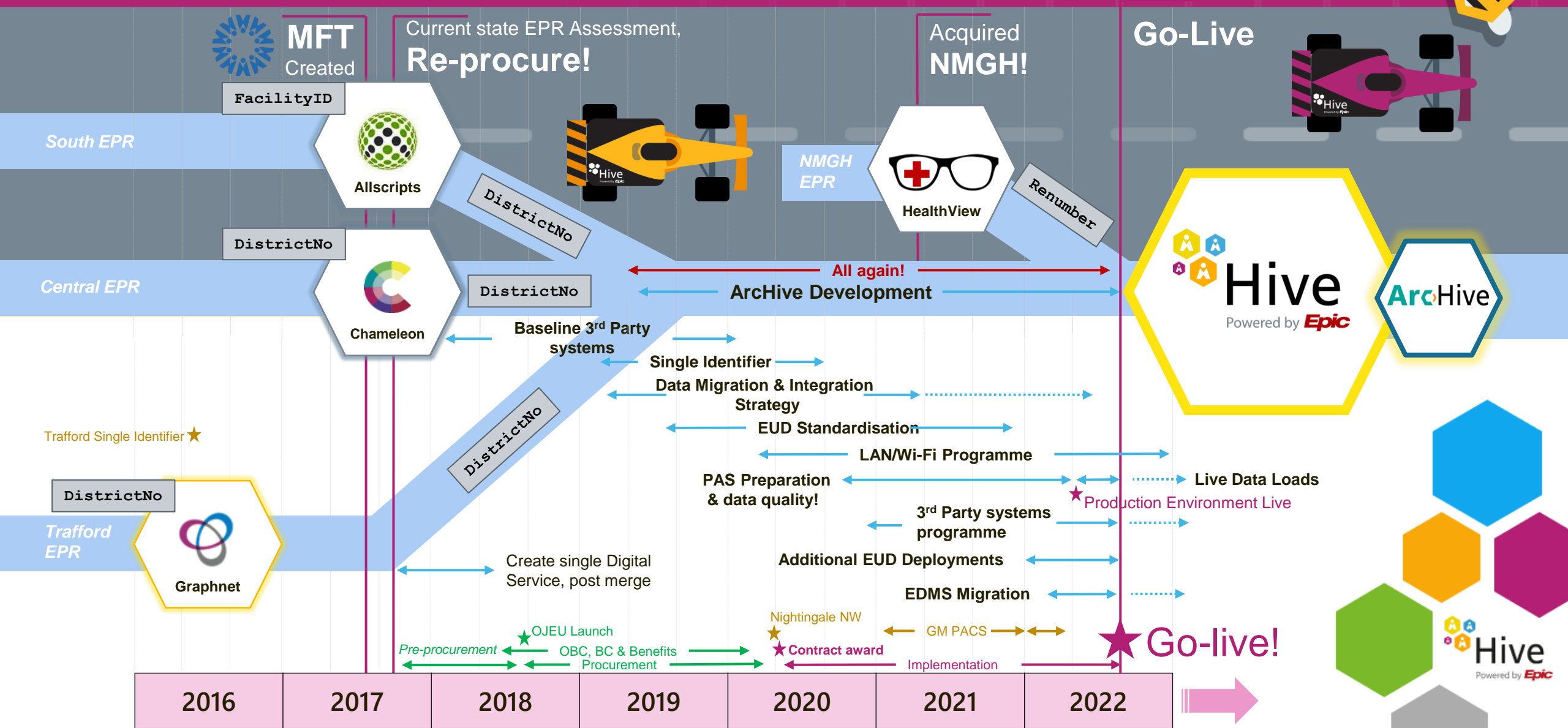
The Journey to Go Live

May 2020: contract awarded to **Epic** following competitive dialogue procurement process.

Julia Bridgewater (Executive Chief Operating Officer) appointed as **full time Hive SRO** September 2021

The programme team worked on a comprehensive critical path to deliver a **safe & efficient Go Live**

Vision

Our vision for Hive is to transform the quality of care and the experience for our patients and staff by having the right information **in the right place at the right time; first time, every time.**

Comprehensive and wide-ranging **communication strategy** which includes workshops, drop-in sessions, intranet messaging, social media…

Robust **risk management** strategy ensured *'Board to Ward'* oversight of key risks - Training, NMGH complex pathways, staff capacity for manual data migration, reporting and LCO

Significant **Operational Readiness** programme with dedicated Hospital and Corporate resource from clinical, nursing, transformation and operational teams.

Day-120, 90, 60 and 30 face-to-face **Go Live Readiness Assessments (GLRAs)** took place with each Hospital to ensure we were ready!

Hive Powered by **Epic**
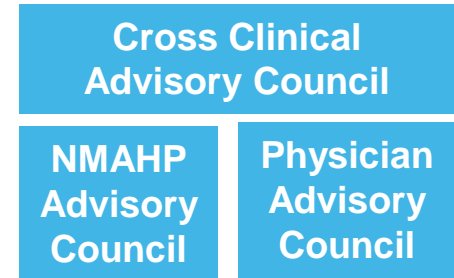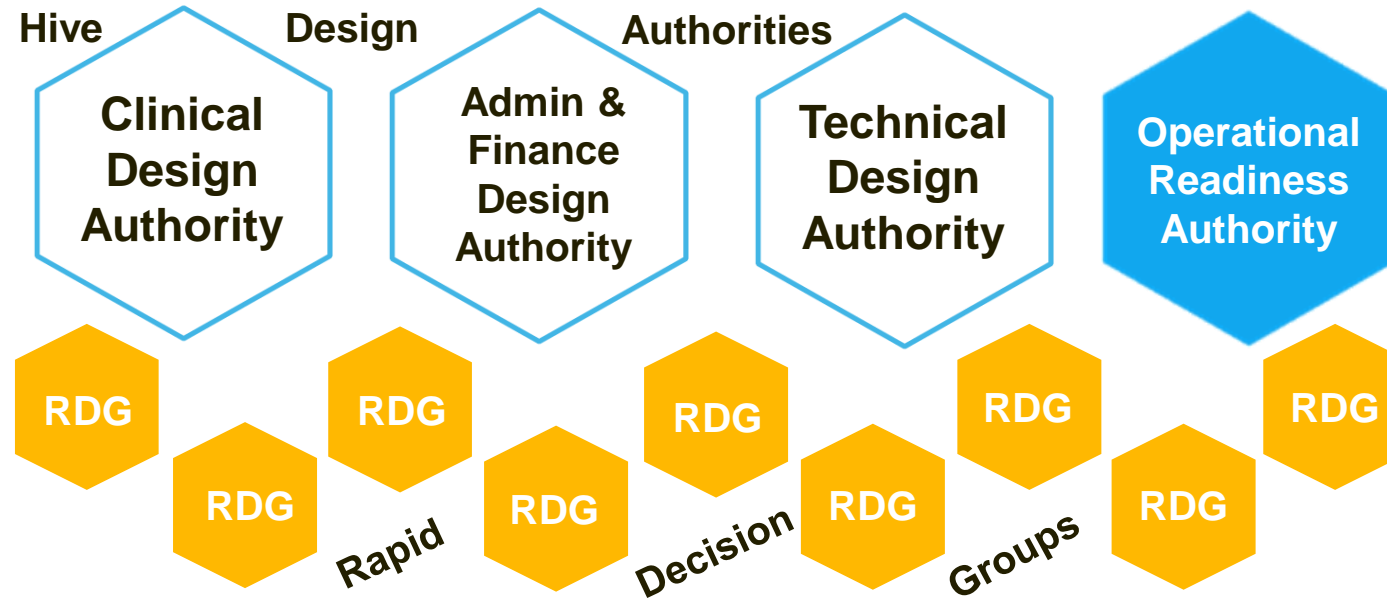
Pathway Councils

1. Nursing & AHP *(including Acute Care & Bed Management)*
2. Medicine *(including Acute Care)*
3. Surgery & Theatres
4. Emergency
5. Cancer Pathways
6. Obstetrics, Gynaecology *(including Maternity)*
7. Children's Services
8. Cardiology
9. Pharmacy
10. Radiology
11. Pathology
12. Critical Care *(including Neonates)*
13. Anaesthesia
14. Dental
15. Ophthalmology
16. Research
17. Medical Records
18. Data Services & Business Intelligence
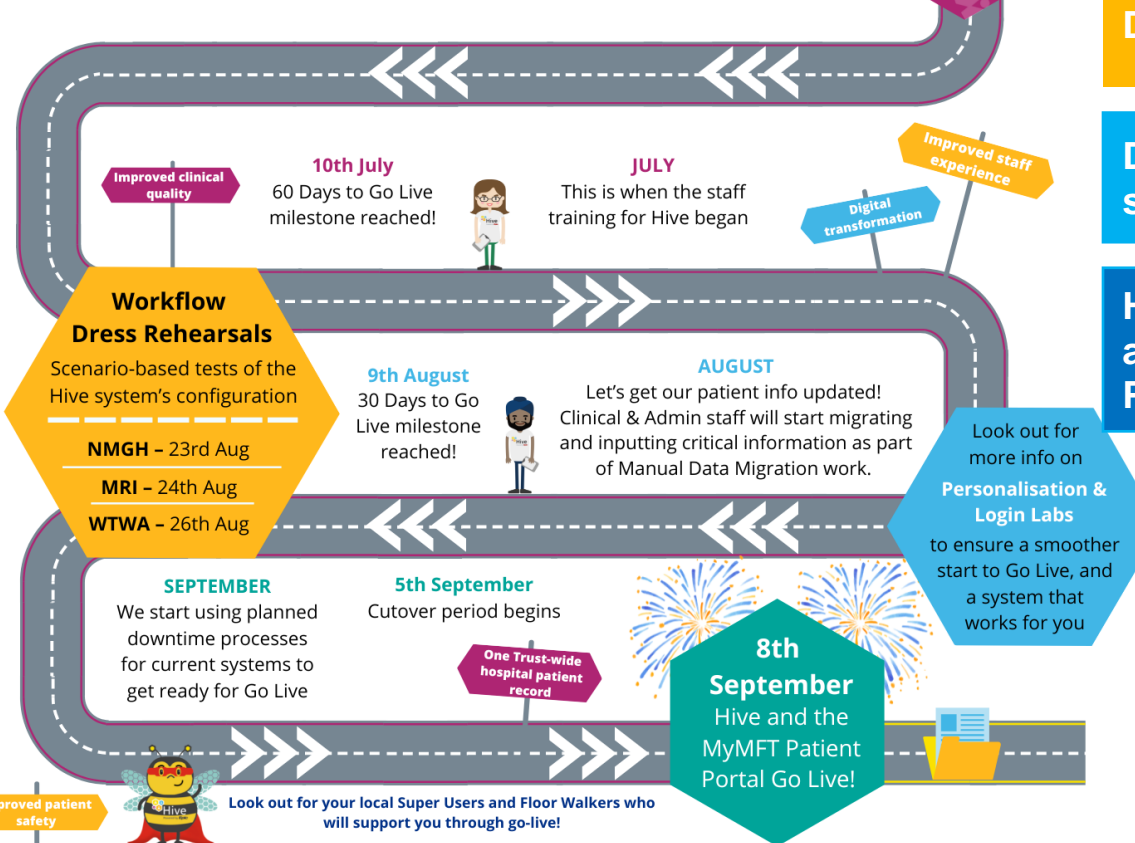19. Booking & Scheduling/ Admin *(including Transfer centre)*

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The Journey to Go Live – the final steps!

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Our Epic Journey to Hive
Powered by Epic

2022

Improved clinical quality

10th July
60 Days to Go Live milestone reached!

JULY
This is when the staff training for Hive began

Improved staff experience

Digital transformation

Workflow Dress Rehearsals
Scenario-based tests of the Hive system's configuration

NMGH – 23rd Aug
MRI – 24th Aug
WTWA – 26th Aug

9th August
30 Days to Go Live milestone reached!

AUGUST
Let's get our patient info updated! Clinical & Admin staff will start migrating and inputting critical information as part of Manual Data Migration work.

Look out for more info on **Personalisation & Login Labs** to ensure a smoother start to Go Live, and a system that works for you

SEPTEMBER
We start using planned downtime processes for current systems to get ready for Go Live

5th September
Cutover period begins

One Trust-wide hospital patient record

8th September
Hive and the MyMFT Patient Portal Go Live!

Improved patient safety

Look out for your local Super Users and Floor Walkers who will support you through go-live!

Preparing for Go Live couldn't be easier...
Visit the Hive Hub on the staff intranet today to learn more about Hive.

TESTING our equipment - every piece of equipment was tested to ensure it was Hive ready, 16,000 pieces of IT equipment tested.

DATA transfer began in July – loading live data into Hive.

DRESS REHERSALS – took place - comprehensive practice using simulation, scenarios and shadowing current patients.

Huge **TRAINING** programme for our ~30,000 staff. Face to face across 80+ rooms, provided by 120 full-time trainers plus MFT Peer Trainers, supplemented by eLearning sessions.

GO LIVE - Floor Walkers and Super Users provided 'at the elbow support' during Go Live.
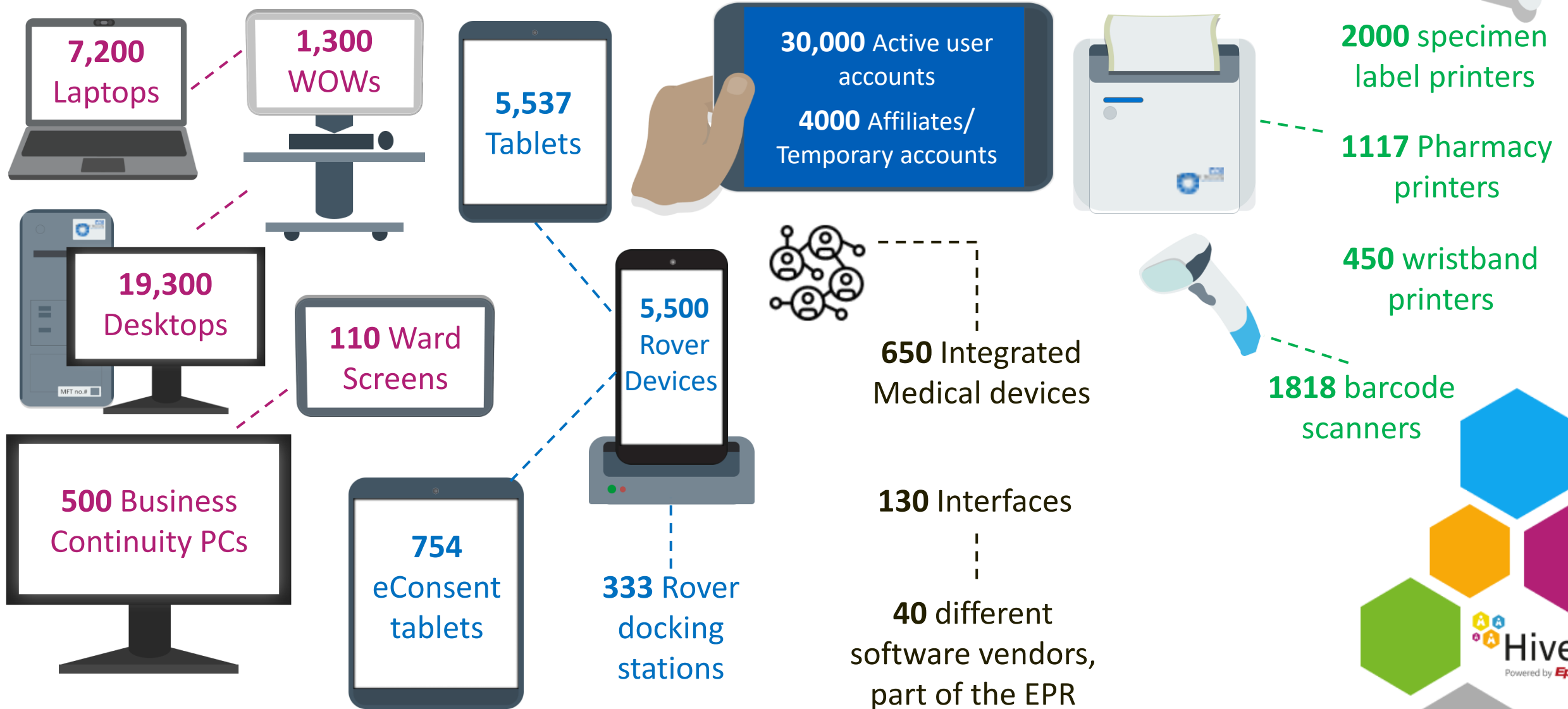~3,000 Super Users, 230 external NHS Floor Walkers and 200+ Epic Floor Walkers!

We implemented command centres for 5 weeks post Go Live…

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Technology Landscape in numbers

7,200 Laptops

1,300 WOWs

5,537 Tablets

30,000 Active user accounts

4000 Affiliates/ Temporary accounts

2000 specimen label printers

1117 Pharmacy printers

19,300 Desktops

110 Ward Screens

5,500 Rover Devices

650 Integrated Medical devices

450 wristband printers

1818 barcode scanners

500 Business Continuity PCs

754 eConsent tablets

333 Rover docking stations

130 Interfaces

40 different software vendors, part of the EPR

Hive
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Go Live & Hyper Support Phase

Hive Goes Live

Overall Go Live Position **better** than planned and we went live on schedule at 5.35am on 8th September

Feedback from outside MFT, including from Epic is that this has been one of Epic's **best Go Lives**.

Incredible achievement – **Proud of our staff !**

Size and scale. **Biggest Go Live in Europe**, second worldwide

Complexity. Legacy systems, merged organisations, NMGH disaggregation and Local Care Organisations.
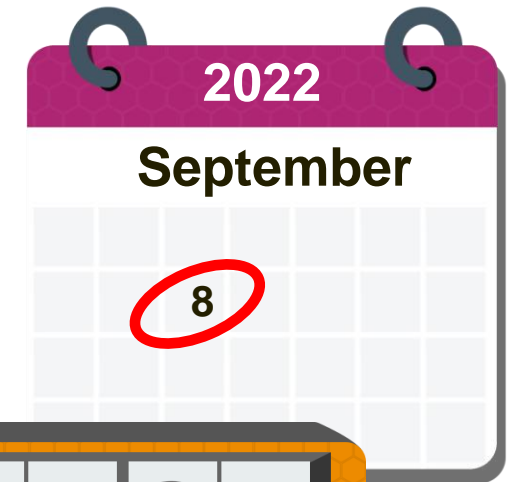
Hyper Support Period

Hyper support **Command and Control** ran for 5 **weeks.**

24/7 Hive command centre to respond in real time to resolve issue/risks, Super Users provided at the elbow support to staff along with Floor Walkers from Epic and supporting Trusts.
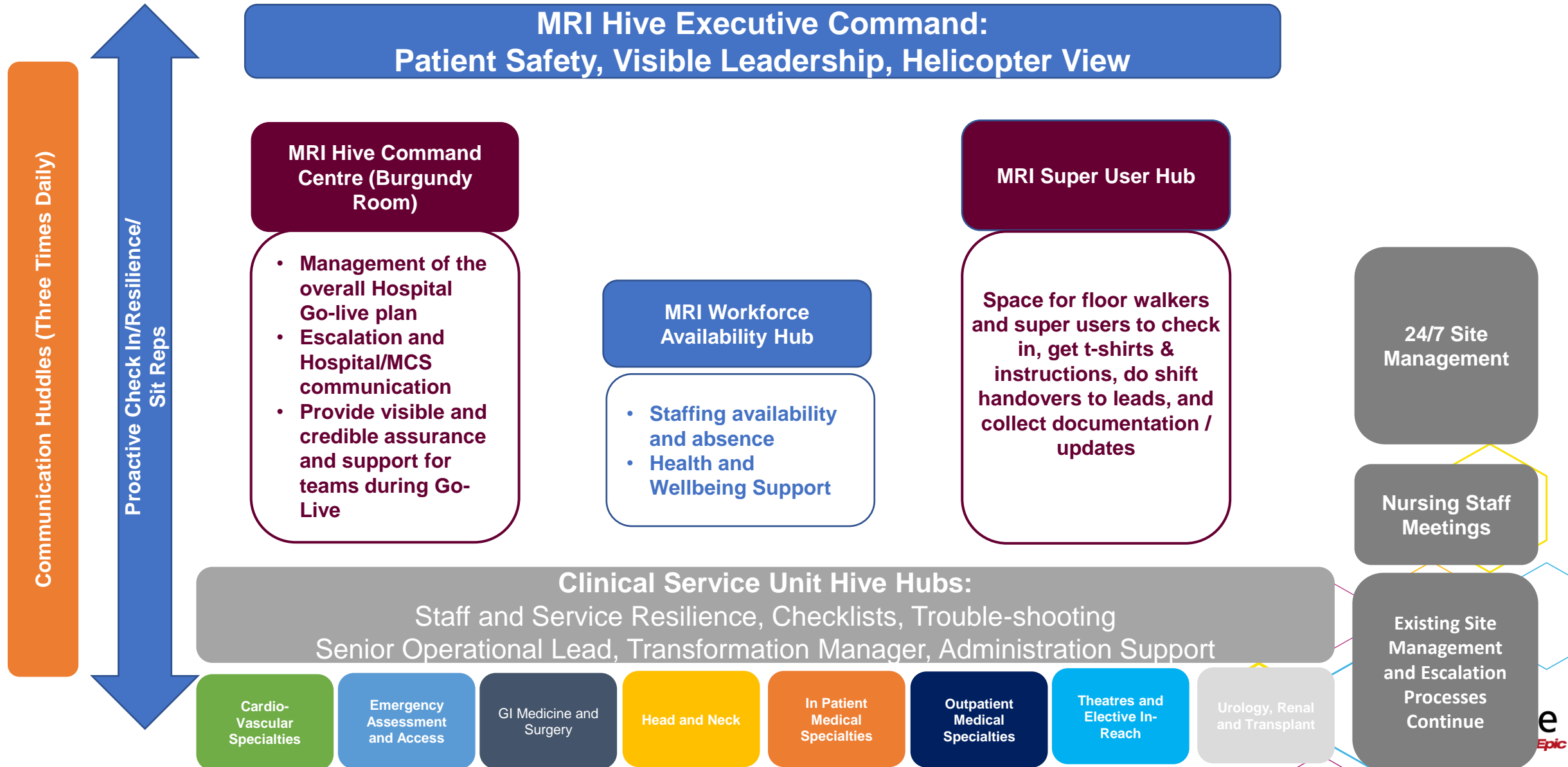
Pathway Councils were launched providing a channel for the workforce to input into changes and how these impact MFT.

Between July and September 2022, telephone calls and support tickets to the IT Service Desk **increased by 168% and 166% respectively**.

In September alone, **108,000** combined IT tickets & calls were submitted.

2022

September

8

0 5 3 5

Hive

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MRI Go Live Command Centre Arrangements

NHS
Manchester University
NHS Foundation Trust

MRI Hive Executive Command:
Patient Safety, Visible Leadership, Helicopter View

Communication Huddles (Three Times Daily)

Proactive Check In/Resilience/ Sit Reps

MRI Hive Command Centre (Burgundy Room)

- Management of the overall Hospital Go-live plan
- Escalation and Hospital/MCS communication
- Provide visible and credible assurance and support for teams during Go-Live

MRI Workforce Availability Hub

- Staffing availability and absence
- Health and Wellbeing Support

MRI Super User Hub

Space for floor walkers and super users to check in, get t-shirts & instructions, do shift handovers to leads, and collect documentation / updates

24/7 Site Management

Nursing Staff Meetings

Clinical Service Unit Hive Hubs:
Staff and Service Resilience, Checklists, Trouble-shooting
Senior Operational Lead, Transformation Manager, Administration Support

Existing Site Management and Escalation Processes Continue

| Cardio-Vascular Specialties | Emergency Assessment and Access | GI Medicine and Surgery | Head and Neck | In Patient Medical Specialties | Outpatient Medical Specialties | Theatres and Elective In-Reach | Urology, Renal and Transplant |

Epic

Significant Clinical/ Patient Safety Issues

- **Patient care is and will remain the top priority during Hive-go-live**
  - System changes will not prevent clinicians from delivering patient care.
- Patient Safety Leads will be a triumvirate of a medical, NHAMP and Operations.
- Any **patient safety issues should be immediately escalated to local Hospital Command** centers:
  - Hospital Command Chief, Patient Safety / Clinical lead, and Epic lead triage issue and determine the next steps including enacting operational mitigations.
  - Hospital Command to escalate to Hive Command Centre where required – determine next steps and mitigation plan both at the central and the local level
- **Daily patient safety huddles to be held** to review overall metrics in the MFT safety dashboard, safety issues

Non-hospital / MCS-specific issues

- Issues raised by GPs, 3rd parties and patients will be escalated to the Hive Command Centre for discussion and action owner

Key themes and issue resolutions

As **expected and planned** for, we responded to and **resolved** a huge number of **escalations:**

Device integration (ECG machines).

Build fixes (Referral routing, scheduling of pre prescribed medications, results routing, consultant pools, medical task list assignments, link to NHS spine).

GP communication (new workflows, lab and imaging results) and interfaces with labs across GM.

Technical and kit (NMGH downtime, Wi-Fi coverage, **printing configurations,** rover device configuration/access.

A number of **key themes** are being overseen by the Pathway Councils, **Pathway Council Oversight Committee** and bespoke Task and Finish Groups.

Depth of training and **understanding of workflows** (upskilling to use the system to its maximum)

Pharmacy (financial reconciliation and medication pathway workflow, BCMA)

Data quality & reporting (legacy data transferred into Hive, reporting & tracking, dashboards)

Transfusion pathway

Provider care teams

Risk Management
Changing nature of Hive risk profile (Move from programme to BAU)

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Pre Go Live

Go Live

Stabilisation

Optimisation

5 High level risks (LCO, NMGH, Operational Readiness, Training & Safety)

Critical Safety issues & escalations

Solid governance oversight has been shared with external assurance bodies

High priority Optimisation projects – Transfusion

Critical Safety Benefits of Hive initiated and delivering real patient safety improvements

Risk of not delivering benefits

Workforce, Quality, efficiency, finance. Hive becomes **enabler** for challenges ahead. Must ensure we have **capacity** to deliver benefits realisation

Transformation is the key to success!

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Stabilisation and beyond: Governance & Structures

Stabilisation Phase

- To ensure we are stable, safe and preparing for business as usual **Robust Stabilisation Governance** followed the Command Centre phase:

  - Oct-Dec: Phase 1: Ensuring we are stable and delivering critical safety changes

  - Jan- end Mar: Phase 2: Commencing implementation of BAU processes and sign off 2023/24 plan

- **Post Live Readiness Assessments** (at 60, 90, 120 days) - informed by Stabilisation metrics ensuring operational process embedded

- Stabilisation marks the transition from **Hive being a programme** to the **key vehicle for facilitating our clinically led digital transformation** and delivery of our full **safety, efficiency and workforce** benefit.

2023-24 Governance

- Scale, complexity and journey of culture change to deliver **Hive Benefits** is significant

- 2023/24 **Transitional year is agreed** in recognition of delivery challenge (Hive/Informatics organisational leadership structure agreed)

- Built on successful **leadership partnership** between Hive/Informatics/Transformation

- Board level **dedicated Hive SRO remains** in place.

"Don't take your foot off the gas…"

Transformation & Benefits Realisation
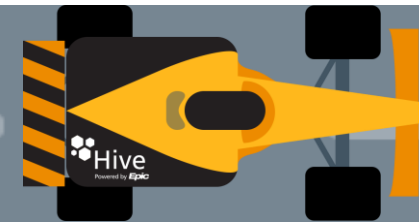
- Transformation plans identified in the Pre-Go Live period ~**100 projects!**

- Many progressed/implemented prior to Go Live, but many relied on the implementation of Hive

- Support on the frontline over Go Live period

- Ongoing implementation of Change projects through Go Live and Stabilisation periods.

- Change plans now aligned across Hive and Organisation to deliver:

  - Hive Benefits
  - Operational priorities
  - Clinical priorities
  - Waste Reduction Programme

1 Plan

Hive is our enabler for change…

Hive and MFT Priorities

Elective Care

- 25% reduction in Outpatient FU
- 5% of Outpatients to be PIFU
- 25% of Outpatient appts. to be delivered via video / phone
- Theatre Utilisation 85%

Clinical Priorities

- Patient outcomes (SHMI, LOS, Readmissions)
- Provider Care Teams
- Medication Management
- Reduction in Adverse Incidents

Urgent Care

- 76% 4 hour waits
- 92% bed occupancy
- Ambulance hand over delays
- 12 hour waits
- Decrease No Reason to Reside
- Improve SDEC utilisation
- Increase discharge before 2pm

Hive Change Projects - Outcomes

- We will reduce cancellations and DNAs
- We will increase clinic utilisation
- We will enable patients to access their information more easily by using MyMFT
- We will improve SDEC utilisation by using Hive Triage Hub
- We will improve timely discharge of patients through using standardised discharge documentation in Hive
- We will administer medications using barcode scanning to reduce medication errors
- We will use Provider Care Teams to provide alerts to Clinicians and improve patient safety
- We will enable patients to attend video appointments more easily using Hive
- We will improve utilization of our theatre lists by standardizing our pre-operative assessment process, and by giving patients 6 weeks' notice of their surgery date

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Trust activity since Go Live

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MyMFT
151,771 users and 2.3m log-ins

10.8m pharmacy transactions

7,930 babies born

654,744 imaging studies

8.9m lab tests

257,057 emergency attendances

111 transplants

34,792 theatre cases

Activity from Go Live on 8th Sept to 24th Feb 23

Stabilisation Phase Progress

Depth of coding returned to pre-Go Live levels

Outpatient activity returned to pre-Go Live levels

Inpatient activity returned to pre-Go Live levels

Transactional benefits initiated

Transformative benefits now visible

Hive
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Communications and Engagement Approach

During Go Live

- Model of Hive Go Live messages and Official Notification messages issued – likely to be several a day

- Post Go Live a minimum of a weekly Hive update but with the possibility of daily updates if requires

- Go Live internal staff message issued

- Proactive media release announcing this is the largest Epic Go Live *once system is stable on 8th September*. There will be a further media opportunity using a patient case study linked to MyMFT further done the line

- Go Live announcement on the website and social media, with running tweets during the day celebrating '1st' e.g. 1st baby in Hive, with identified staff who have large social followings supporting. The social plan will also include patient facing 'please bear with us' messages

- Stakeholder briefing issued to ICS/B, neighbouring Trusts, GPs, CQC

- Communications will be responsive to issues identified during Go Live

- Celebrating positives internally e.g. 1st baby in Hive will be a focus