NHS
Manchester University
NHS Foundation Trust

One Year of Hive

Hive EPR
Powered by *Epic*

Insights and Benefits

Thriving with Hive

2022/2023

Welcome
One Year of Hive:

Welcome to the Hive Insights and Benefits Report!

Our Hive Electronic Patient Record (EPR) system went live across the Trust on **8th September 2022.** Reaching this Epic milestone was cause for great celebration and the culmination of many years of hard work!

Hive itself is much more than just a technical system. It is an ongoing programme of clinical transformation, with an EPR – powered by Epic technology – at its heart. It is also a statement of the Trust's enormous ambition; a testament to our colleagues' unmatched dedication, and an exciting glimpse at the future of NHS healthcare.

With this report, we are reflecting on some of the benefits that Hive has brought to our patients and staff this past year, whilst also highlighting some of the challenges that we have faced along the way. We recall our journey to implementation; what shaped Hive's design and how we have begun to truly 'Thrive with Hive'. Of course, this is just a small selection of the work that has taken place across the Trust, and we look forward to sharing even more insights with you as the journey continues.

Throughout these pages, you will hear from the people who actually made it happen – incredible colleagues who have contributed to getting Hive to where it is today, and will no doubt continue to guide its progress in the years to come. Their remarkable efforts: to see Hive through at a time of global pandemic and mounting operational pressures was truly an inspiration.

The past year would also not have been possible without the support of our patients, and we thank you for bearing with us as Hive got going! Over this next year, we will be looking to build upon these early experiences to further improve the system and how we work within it, with the ultimate aim of providing the best care we can for our patients.

The journey to Hive was a long and fruitful one, and we know that together with our patients, partners and staff, our journey with Hive will be every bit as exciting and rewarding. Thank you for taking it with us.

Julia Bridgewater
Group Deputy Chief Executive
& Hive Programme Senior Reporting Officer

Professor Jane Eddleston
Joint Group Medical Director
& Caldicott Guardian

Contents

Follow our interactive **Hive Timeline**

Hive Powered by Epic

2016
The original Manchester Locality Plan is created, establishing a vision for a Single Hospital Service in Manchester.

2017
MFT is created – combining the Central Manchester, and University Hospital of South Manchester NHS Foundation Trusts. In 2021, North Manchester General Hospital would also join MFT.

2018
The Future Electronic Patient Record (EPR) Outline Business Case is approved. The search for an EPR provider begins.

2019
Epic is announced as the preferred bidder and the EPR Full Business case is approved.

2020
Epic is awarded the contract to provide MFT's Electronic Patient Record system: 'Hive'. Recruitment for the Hive Programme Team begins.

2021

2021/ 22
Hive's **'vision and guiding principles'** establish the foundation for Hive work going forward.

See our 'guiding principles' video

March
Rapid Decision Groups launch; enabling key decisions to be made by **Subject Matter Experts** from across the Trust.

August
Julia Bridgewater (Group Deputy CEO) is named as Hive's full-time Senior Reporting Officer.
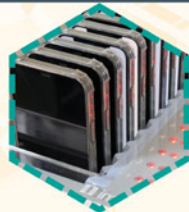
THE Countdown is On

September
One year to go! Spotlight sessions and Roadshow events begin – aimed at educating and informing staff.

2022

March
New digital devices are rolled out across the Trust, allowing staff to practice new workflows on real Hive equipment.

June
The **migration of over 4 million patient records** from old systems into Hive begins. System testing also commences.

Thursday 8th September
0535
Hive is **Live**

September
24/7 'Hyper Support' command and control governance runs for 5 weeks. 3,500 Super Users and Floor Walkers provide 'at-the-elbow' support to staff across MFT.

See our 'Hive Go Live' video

April
Registration for staff training opens, with Hive's Super Users being the first to take part.

July to September
Hive staff training begins as staff migrate final pieces of critical information into Hive.

October
Hive's **Stabilisation period begins,** with a focus on ensuring Trust-wide stability.

100 Days of Hive
View our '100 Days of Hive' Infographic

2023

2022/23
Work continues to **assess operational processes** as they are embedded.

6 months of Hive
Watch our '6 months of Hive' recap video

July
MyMFT's growing userbase reaches a whopping **250,000 patients!**

August
MFT wins the **Epic Good Install award,** which recognises Hive's successful implementation.

One Year of Hive
See our 'One Year of Hive' infographic

September
MFT celebrates **'One year of Hive'** - 365 days since the system went live!

Transforming how we care
Becoming a Digital Trust

Here comes Hive!

In the early hours of **Thursday morning on the 8th September 2022,** MFT successfully went live with Hive: the Trust's fully integrated Electronic Patient Record (EPR) system.

Powered by tried and tested Epic software, Hive has replaced hundreds of electronic and paper-based systems, **enabling MFT to hold a single Trust-wide record for each patient.** In addition to Hive, a new online patient portal and mobile app called **MyMFT** also went live at this time, empowering patients to take greater control of their healthcare.

This momentous step in MFT's digital healthcare journey was preceded by years of preparation, including the development of **an ambitious vision and strategy to transform MFT and the care provided.**

Enabling change

The creation of MFT in 2017 was the first step in an ambitious plan to **provide the areas served by the Trust with equal access to high quality healthcare, no matter the patient's location.** This ambition required MFT to look at its scale, the scope of care provided and how it could realistically enable such a transformation.

The need to bring these hospitals, clinical services, staff and patients together would ultimately result in Hive: **an ambitious digital solution and a key enabler of MFT becoming a modern and integrated Trust.** The Hive programme set out its vision to transform the quality of our care, as well as the patient and staff experience by having the **right information in the right place at the right time; first time, every time.** To achieve this vision the programme had to be **clinically led, operationally delivered, and digitally enabled.**

Hive's EPR system is the beating heart of this clinical change programme, but **Hive itself is much more than an IT system.** It represents a complete organisational change – **a transformation of how the Trust works and care for its patients, staff and the wider population,** with numerous benefits for everyone.

Hive helps to...

- improve inefficiencies, patient safety, and the patient and staff experience

- remove the need to work across multiple separate systems

- provide a complete and accessible digital clinical record, replacing outdated paper and IT systems

- ensure standardisation in clinical processes across sites and services
- improve morale, which can be affected by inconsistent access to data

- improve MFT's ability to participate in research, thanks to Hive's consistent and high-quality data

- provide patients with greater access and control over their healthcare information, via the MyMFT app

To realise Hive's vision, the Trust **assembled a 250-strong Hive Programme team.** This team would work closely with MFT clinical and nursing teams, operational and corporate colleagues, as well as the Epic team to build the new Hive system and prepare the organisation for its upcoming clinical transformation.

Hive is a **clinically lead, operationally delivered and digitally enabled programme** – ensuring quality patient care is always at the forefront of activity.

The importance of clinical leadership when making technical decisions was ingrained into Hive's governance. **Over 100 Rapid Decision Groups,** made up of experts from across the Trust, shaped how Hive would work. These groups were guided by design authorities and advisory councils who provided **clinical; nursing and midwifery; administration; and technical and operational leadership.**

Whilst clinical and operational teams prepared staff for new ways of working, many **large-scale infrastructural changes** took place to ensure MFT was technically ready for Hive. This included:

35,000 new staff and affiliate accounts created in Hive	**500** business continuity PCs
650 integrated medical devices	**Over 16,000** new digital devices, including iPhones, Workstations on Wheels (WoWs), tablets and large ward board screens...
5,000 new clinical printers and scanners	

Hive Powered by **Epic**

Before and After Hive

MFT held 4m+ records across 80+ record systems.

These records have all been migrated into Hive's singular EPR system.

Patient communication relied almost exclusively on traditional methods, e.g. letters, phone calls and texts.

With MyMFT, patients can always access their information. Traditional communications are improving too!

The Trust's reliance on paper produced significant costs.

14 million+ sheets of paper saved in Hive's first year.

Data reporting was time-consuming, as separate systems required in-depth data alignment work.

Hive provides a combined repository of reporting data.

Multiple 3rd-party systems were in use at MFT, often with the same system being used at different sites independently.

212 'legacy systems' have been decommissioned so far, improving access to information across services and the community.

Multiple records, results and Patient Administration Systems (PAS) were in use across our 10 sites.

The 'heart of Hive' is a single Electronic Patient Record system, streamlining access to varied pieces of information.

Staff used many separate communication methods to connect, including face to face conversations, paging, phone calls, and electronic systems.

Hive's integrated system with InBasket and Secure Chat allows colleagues to easily connect with each other!

Multiple LIMS (Laboratory Information Management Systems) were in use across MFT.

Hive has replaced these with a single LIMS system.

Our sustainability goal

MFT is becoming more digital than ever before, and this is **evident through the amount of paper that has been saved** across the Trust since Go Live in September 2022.

The move to a fully Electronic Patient Record means that **staff send fewer physical letters, no longer write-up paper patient notes, and request scans and tests through Hive instead of paper forms.**

We have seen **over 14 million sheets of paper saved in Hive's first year,** with the "paper-lite" programme currently forecast to save **£783k** this financial year!

NHS Manchester University NHS Foundation Trust
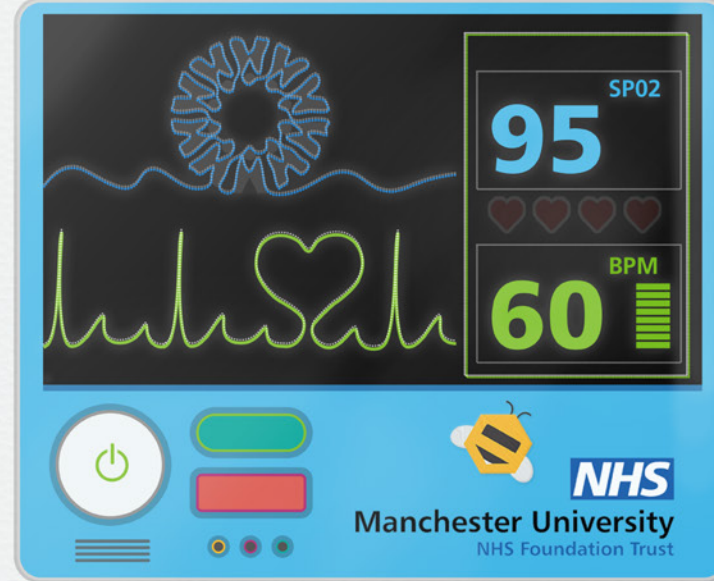
Our digital future
The transformation continues...

Hive's implementation is only **the first step in MFT's ongoing digital journey.** As the programme moves into its 'Business As Usual' phase, and staff come to feel more comfortable with the system, the work to improve and optimise Hive will truly begin!

MFT is striving to become a leading figure in digital innovation: **a data-driven organisation that provides world class, clinically safe healthcare to the Greater Manchester population.**

Hive is a key enabler for change and the catalyst for the Trust's ambitious Digital Strategy, which aims to...

- empower residents, patients/service users, and carers through health-based education.
- deliver safe, and high-quality proactive care on a consistent basis.
- optimise efficiency and productivity through enhanced communication and co-ordination.
- Support integrated working and joined-up care through real-time data access.
- enhance efficiency and opportunities within research and innovation.

As both Hive and MFT evolve, the Trust hopes to see its staff and patients grow in their digital confidence, with **digital tools and technologies becoming an everyday part of their healthcare experience.**

Hive Talking

Having a Secure Chat at MFT

What is Secure Chat?

Communication is key, particularly at a Trust as large and complex as MFT. Ensuring that **timely, accurate and secure messages** can be sent between staff is a key component of delivering effective patient care.

This is where **Secure Chat** in Hive comes in. Secure Chat allows users to send secure messages to colleagues from a mobile device using either Hive's Rover or Haiku platforms, or through a desktop computer. This enhances the quality and speed of communication and reduces the need for phone calls and emails.

Secure Chat allows any member of staff to **quickly communicate with their colleagues – allowing them to ask questions, send reminders and follow up on care** – all within Hive. This also means that patient information isn't being removed from the safety of the Electronic Patient Record system.

Sue Ridings, MFT's Deputy Adult Bereavement Service Manager, said:

> **Our bereavement officers really like using Secure Chat. It saves us having to type out all the patient details repeatedly, as we can now attach them to the message itself. We've also found it useful to be able to add in extra staff to a chat. By adding a manager into the conversation, a case can be escalated.**

Secure Chat enables greater multidisciplinary working, as **separate teams can contact one another without first needing to identify a specific contact in that area,** such as a clinician handling the same patient.

Secure Chat also allows for more information to be shared once an initial consultation has taken place, or when requesting a specialty consult. **Existing chats can also bring in other relevant colleagues, where needed.**

3 million+ messages sent...

between 22,000 staff
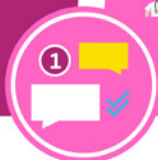
> **With Secure Chat, anyone that is signed in can respond to a query, rather than it being sent on to an individual and then relying on that one person to respond.**
>
> **Sarah McKiernan**
> EPR Change Lead

> **Using Secure Chat is really making a big impact. I use it multiple times a day and always get really prompt responses. It's saving the Acute Radiology team lots of time, and also ensuring timely patient care.**
>
> **Lois MacDonald**
> Consultant, Acute Radiology Team (MRI)

All of this represents a **positive shift from the use of other communication methods** such as email, WhatsApp, phone calls and bleeps, which can lead to a lack of clarity about who will respond, and when. Lois MacDonald, a Consultant in the Acute Radiology Team at MRI and Trafford Hospitals is finding Secure Chat to be a time saver:

> **Before Hive, we'd spend a long time on the phone trying to find clinicians to escalate findings. Recently, we had a patient with an intracerebral bleed. While my colleague contacted Resus by phone, I sent a Secure Chat message to a clinician requesting a test.**
>
> **The clinician responded quickly using Secure Chat, which then ensured a speedy referral to the neurosurgeons. My colleague on the phone meanwhile was still waiting.**
>
> **Lois MacDonald**
> Consultant, Acute Radiology Team (MRI)

Over 460,000 conversations to date

The journey continues...

There is still room to improve the Secure Chat experience for staff even further. A key benefit of the system is that it's **accessible through Hive's mobile interfaces such as the Epic app Haiku.**

Whilst convenient, this means that good internet connectivity and the use of smartphones has to be considered and catered for.

Secure Chat, just like Hive, is a new tool for staff to embrace and it will take time for the messaging platform to become the go-to method for staff interaction. However, with **over 22,000 users, over 460,000 conversations and an incredible 3 million messages sent to date**, it has already become clear that Secure Chat will play a major role in connecting staff, Trust-wide.

Hive
Powered by **Epic**

Hive on the go and On-Call Access
Reducing delays to clinical intervention

Working efficiently across MFT's ten hospital sites is vital in delivering safe patient care and meeting operational targets. **Hive has enabled senior medical staff to work more effectively, no matter where they are** by providing access to Epic's 'Haiku' and 'Canto' applications.

Haiku and Canto allow consultants to log into Hive on mobile phones and tablets respectively, providing **choice and flexibility** for staff requiring access to Hive on-the-go. Whether they are moving from patient to patient; travelling between department or hospital sites; or working off-site completely, Haiku and Canto allow staff to continue delivering high quality care in any location.

Before Hive

Before Hive went live, medical staff who were on-call and off-site **had to review patient updates and escalations over the phone or through text message.** Without real time access to patient information, they relied heavily on receiving verbal updates on the patient's health and medications, **creating room for potential communication errors.**

Yahya Najjar, MFT Clinical Director for Cardiology, shared how being contacted while on call functioned prior to Hive:

> **Before Hive, if I was contacted about a patient while on-call, I'd have no patient data to look at. Depending on the experience of the doctor who contacted me, I'd sometimes need to drive to the hospital so I could review the patient myself, which may have led to delays in decision-making.**

Hive in action

Senior medical staff such as Consultants and Senior Doctors can download the Epic Haiku and Canto apps, meaning that **when they are on the move or away from the hospital they can still securely access Hive remotely.** As the two applications don't store any data on the host device, patient information is safe and secure, wherever it is being accessed.

With real time access to up-to-date test results, observations, and scans, staff members on call can continue to make accurate clinical decisions in a timely manner, thereby **improving patient safety as it reduces delays to clinical intervention at the hospital.**

Haiku and Canto also allow staff on call to quickly respond to any queries from their colleagues using Hive's Secure Chat messaging function. As Secure Chat is a part of Hive, patient information can be shared securely between clinicians and issues can be escalated quickly.

Yahya works across several MFT sites, which makes clear, secure communication even more essential when delivering safe patient care. **Hear more from Yahya in the right-hand quote.**

The journey continues

All-hours access to Hive for senior medical staff is proving **extremely useful when it comes to making fast and effective decisions about patient care.** The use of Haiku and Secure Chat continues to speed up escalations and reduced miscommunication Trust-wide, **improving patient safety and allowing MFT to work more efficiently as an organisation.**

We'll continue to see the benefits of Haiku, Canto and Secure Chat developing as confidence in Hive grows. As with the wider Hive system, we'll also be working to improve the usability and experience of all three modules (across all devices!) on an ongoing basis.

> **Using Haiku allows me to look at charts myself when I'm on call and get a more holistic picture of the patient. Being able to look at data in real time rather than having to ask a colleague lots of questions over the phone means that there's less chance of miscommunication, which improves patient safety.**
>
> **Yahya Najjar**
> Clinical Director for Cardiology

Hive Helps:
Enhancing how we care and work

Personalisation and Standardisation

Since Go Live, staff have had to adapt to new and digital ways of working. The transition from paper notes and multiple electronic systems to a single electronic record has been a significant change, particularly when it comes to documentation. The transition has been made smoother thanks to Hive's personalisation functionality, which helps to speed up documentation and make using the system more efficient.

Hive provides a number of SmartTools, standardised templates, and personalisation options, and staff have been using these tools to save time on actions they perform the most, such as **placing orders, writing and sending letters, and adding to the patient notes.**

By customising their workspace using tools such as Preference Lists, Order Panels and SmartPhrases, **staff can standardise and speed up documentation within Hive, and they are already experiencing the benefits...**

Letter turnaround time in outpatient clinics is now less than

7 days

Order panels are saving some staff in Orthopaedic clinics as much as...

50 seconds

> **SmartPhrases benefit me as a clinician as I spend less time typing or dictating.**
>
> **Notes that would usually take a few minutes to write now take seconds.**
>
> **Ronnie Davies**
> Orthopaedic Consultant

MFT on the Move: Portering and Facilities

MFT Portering service runs **24 hours a day, 365 days a year.** It is made up of **over 400 MFT and Sodexo colleagues,** who help to keep the Trust moving! With Hive, porters have the ability to access relevant and up-to-date information on the go, enabling safer, faster working in everything from task management and delegation to an individual porter's daily activities.

Today, all portering requests are carried out using Hive, with tasks being automatically assigned to an appropriate member of the team. Since Go Live, these requests have also become more informative, **providing the team with a patient's infection status, specialist needs and equipment requirements**. Hive also helps to support the Trust's busy Emergency Departments, with portering requests now automatically generated as soon as a patient has been flagged as 'ready as move' and a bed has been assigned to them. The ability to review individual porter requests and their progress also helps the team to ensure tasks are progressed smoothly.

With Hive's handheld Rover devices, porters can even scan a patient's wristband upon arrival, providing them with limited, yet relevant access to patient information, which helps them to quickly ensure they have the correct patient and the correct location. **This not only saves time but also helps to avoid errors with data entry and transcription.**

Portering managers can also make use of several tools to earmark areas for improvement, such as **Hive's Logistics Command Centre, live dashboards, and reports,** which include everything from local performance figures to wider departmental trends.

Streamlined pathways in Hive: QTVI

One of the most noticeable achievements to come out of MFT's improvement 'sprints' at Manchester Royal Eye Hospital (MREH) was the creation of a dedicated Qualified Teachers of the Visually Impaired (QTVI) pathway within Hive. Children who are blind or partially sighted are supported by Qualified Teachers in the community, who require regular updates from MREH to ensure that their support is tailored to the ongoing needs of the child.

Pre-Hive, information sent to the QTVI teams relied on clinical staff informing the secretarial team to include the Local Authority (LA) in communications, as well as knowing which LA to include.

As part of the sprints, a pathway was built in Hive to allow for patient information to be **sent to the LA in one click, which has made the process much faster and more consistent**, all while supporting MREH's paediatric patients.
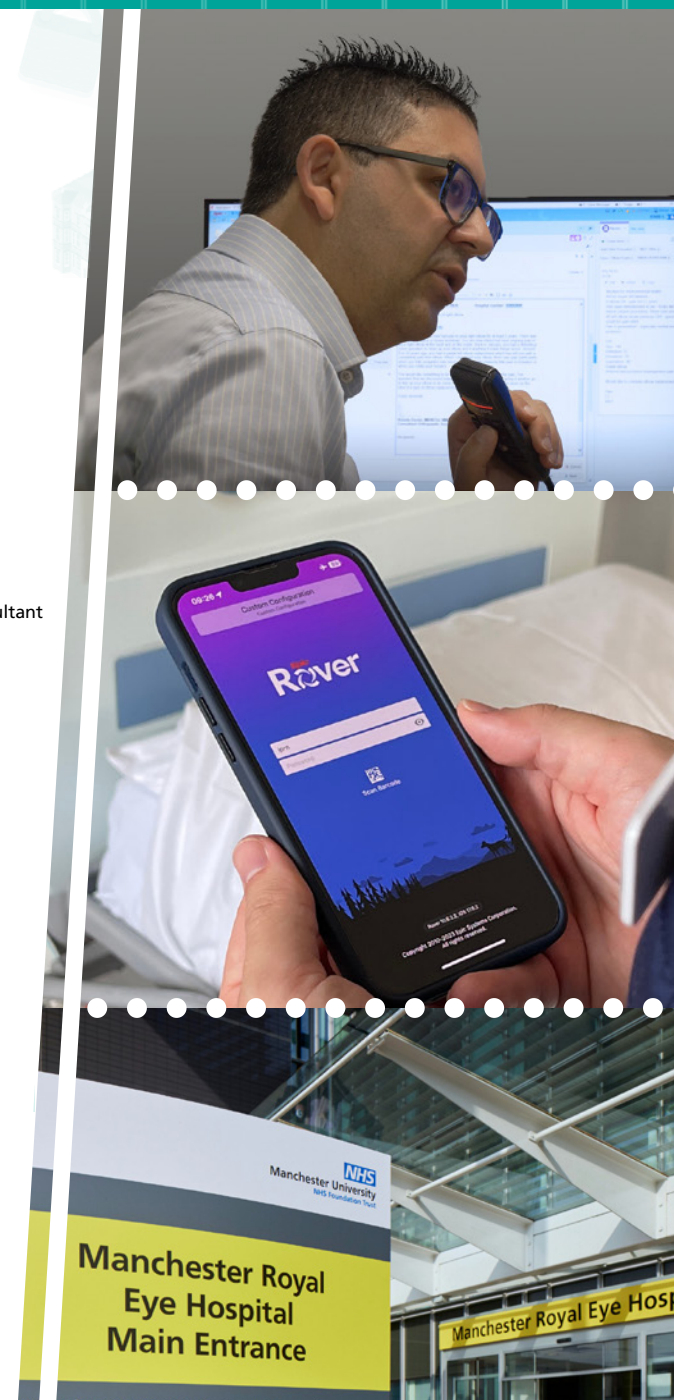
North Manchester General Hospital: Network Outage

Planning for the unexpected and learning in the process

The scale of Hive's transformation work meant that **challenges were inevitable,** and the Trust was faced with one such challenge just eight days into the Electronic Patient Record system going live.

On Friday 16th September 2022, North Manchester General Hospital (NMGH) lost connection to both the Trust network and Hive infrastructure due to **external network cables suffering physical damage within hospital grounds.** This disconnected the hospital from Hive and its Business Continuity Access (BCA) tools, **which resulted in the hospital entering full Business Continuity downtime and reverting to paper processes.**

The rigorous support provided by the Hive Command Centre structure and the detailed **Emergency Preparedness, Resilience and Response (EPRR) planning** ensured full business continuity arrangements were in place and most importantly that **patient safety was maintained.**

Knowing how important an immediate response would be, MFT informatics worked with the cable provider to find a temporary network connection which **brought the hospital back online 10 hours after connectivity was lost.**

With Hive back online for staff at NMGH, the work to find a permanent fix continued, and **by 10am on Sunday the full network connection was restored.**

Despite the huge challenge posed by the system downtime, **no scheduled patient appointments or procedures were cancelled**: a testament to the planning that took place and the enthusiasm of staff to resolve the issue.

> **Having to deal with an unplanned downtime so soon after Go Live was something we would have liked to avoid, however the learnings from an EPRR perspective have been invaluable and have been built into our plans to strengthen for future downtimes.**
>
> **Rachel Cannon-Bayley**
> Group Deputy Director of Operations

> **As this was the first major challenge that we had faced since Hive went live, it was really important that we got the debrief process right. We needed to understand what went well, what didn't go well, and to identify any recommendations for future incident planning.**
>
> **Dave Pearson**
> Hive Programme Director

Preparation, Preparation, Preparation!

The Corporate Resilience team have been involved in the Hive programme from the very beginning, ensuring that **Business Continuity and EPRR were always high on the agenda.**

Prior to Go Live, the Corporate Resilience team supported operational networks Trust-wide to ensure **Business Continuity processes were clear and hospitals were prepared for a safe transition.** They established that:

- **MFT Business Continuity (BC) and the Major Incident Process remained in place during Go Live.**

- **A Hive Business Continuity Access Policy was in place to support Hive through planned and unplanned downtimes.**

- **Any request to use paper downtime processes during Go Live must be approved through the command governance structure.**

Rachel Cannon-Bayley, Group Deputy Director of Operations, was the Director for Corporate Resilience during the downtime incident and led the EPRR planning for Hive's implementation. Describing MFT's approach to potential issues, she said: "It is essential that business continuity is considered as part of Go Live planning and that staff are given the information and tools to test business continuity plans in advance, where possible".

> **Our initial focus was ensuring that staff were kept regularly informed of the situation and to restore full Wi-Fi connection. Fortunately, due to previous (non-Hive) outages, our staff were already experienced with managing downtimes, so everyone took it in stride. They really showed brilliant team spirit, as always.**
>
> **Our main objective was to continue caring for our patients safely and the Command Centre governance meant that we could escalate issues at pace and ensure delivering patient care wasn't at risk.**
>
> **Joanne Rowe**
> Director of Operations (NMGH)

> **Thanks to the hard work of the Informatics Team who worked with our support partners and colleagues at North Manchester, we were able to put in a temporary solution that brought Hive back online ahead of a busy weekend of clinical activity.**
>
> **Dan Prescott**
> Group Chief Informatics Officer

A learning opportunity

Although **planning and preparation allowed the outage to be resolved without incident,** there was still a lot to learn from the experience.

A debrief questionnaire was sent to all NMGH staff and Group level stakeholders to seek their observations and recommendations ahead of any potential future downtime. A key recommendation was to **improve the effectiveness of local ward and department BCA processes** to ensure they were up to date and all-encompassing. A Task Force Group was set up to ensure improvements to the BCA folders and on-site processes were made and continuously reviewed.

While the downtime period at NMGH was managed well, the debrief exercise highlighted the importance of embedding and strengthening new Business Continuity processes Trust-wide.

Medicines Optimisation

Prescribing and administering medication the right way

Patient safety is MFT's top priority, and the safe and effective management of medication is crucial to enabling this. With the introduction of electronic prescribing and Hive's **Bar Code Medication Administration (BCMA)** technology, the process of prescribing and administering medication is now safer than ever before.

Electronic Prescribing

MFT's Pharmacy Services are led by the **Clinical and Scientific Services' (CSS) Managed Single Service.** This Trust-wide team ensures that the dispensing of medicine remains both safe and efficient across all 10 of the Trust's hospital sites, along with the wider community.

When Hive went live, it introduced an ambitious new electronic prescribing process that would allow for a more inter-connected Trust. This system now **captures all prescribing, administration and dispensing information** for an individual patient as part of their single electronic Hive record.

Electronic prescribing has already brought numerous benefits, particularly when the Trust has been **faced with unexpected and widespread drug shortages.**

In April 2023, a shortage of the drug Oxycodone meant that the pharmacy team had to quickly ensure that prescribers Trust-wide knew about the shortage and what the next steps would be.

With electronic prescribing in Hive, the team were able to:

- quickly identify which clinical teams were prescribing the drug.

- place a pop-up in Hive notifying any clinicians prescribing oxycodone about the shortage and recommending an alternative drug to prescribe.

- run daily reports to identify instances where an alternative drug had been prescribed when contra-indicated so that this could be rectified swiftly. This step provided a useful 'safety net'.

Jo Watts (Group Medicine Safety Officer) reflected that:

"Hive has significantly improved the speed and accuracy of information that the Trust can obtain around medicine use in real-time. This allows us to respond more effectively to drug shortages and product recalls".

BCMA works by matching a patient's wristband ID (in the form of a bar code) with the bar codes of any medications they are set to receive.

This process helps inpatient nurses and midwives in confirming the 'five rights of medication administration', which includes:

- ✅ the right **patient**
- ✅ the right **medication**
- ✅ the right **timing**
- ✅ the right **route**
- ✅ the right **dose**

Bar Code Medication Administration

Prior to Hive and the use of BCMA, administration of medication was a largely manual process that included the use of paper charts and written notes. Now, nursing staff can administer medication on the move (using their handheld Rover devices), whilst BCMA also acts as a patient safety feature.

BCMA ensures that the right medication is administered to the right patient at the right time – helping to reduce patient harm.

> **BCMA has also made administering medication easier and safer. Having this available on Rover means that we can check what medications are due whilst moving from bed to bed. It's also reassuring that if the wrong medication or patient bar code is scanned, we receive a message advising us to review the action.**
>
> **Lucy Bainbridge**
> Ward Sister (MRI)

The journey continues...

The Trust's electronic prescribing and medicine administration processes both continue to improve, and work is underway to aid drug selection in line with the medicine formulary – in order to strengthen discharge workflows.

> The introduction of electronic prescribing and administration has really standardised practice at MFT. This has not only led to a reduction in treatment inequalities but also helped to provide us with a better understanding of the ways in which our medicines are used - this really maximises our efficiency and improves patient safety.
>
> **Charlotte Skitterall**
> Group Chief Pharmacist

> Staff are adapting well to BCMA as they understand the benefits that it brings: improving patient safety and providing a more efficient experience for staff. It's also really positive to see scanning compliance increase, and this will likely continue as more staff get used to Hive.
>
> **Carly Honey**
> Ward Manager (MRI)

A Quicker Questionnaire:

Pre-operative assessments for cataract patients

MFT's Cataract Centre, managed by Manchester Royal Eye Hospital (MREH) and based at Withington Community Hospital, carries out a large number of pre-operative assessment (POA) appointments each week. To make these appointments shorter and more efficient for both patients and staff, **the team have utilised Hive to carry out POA appointment questionnaires.**

Before Hive

At POA appointments, patients are asked to complete a questionnaire which consists of general health and medical questions. **The POA questionnaire is an important part of the patient's surgery journey** as it helps to triage the patient and assess if they are fit enough for the surgery.

Before Hive went live, patients arriving at the Cataract Centre for a POA appointment would complete a paper questionnaire with a nurse on arrival, which took approximately 30 minutes.

While this was a vital part of the pre-operative process, **it also used up valuable nursing time that could have been better spent on providing direct patient care.**

Hive in action

To improve efficiency and reduce the length of POA appointments, nurse time that was previously used for patient Covid testing was reallocated to allow nurses to phone patients and complete the questionnaire several days before their appointment. This allowed **responses to be added to Hive's patient notes section in real time.**

Once the questionnaire is complete and the information is logged in Hive, the Booking & Scheduling team can **reduce the length of the patient's upcoming POA appointment by 50% and backfill appointments** which don't go ahead, allowing more patients to be seen each day.

When Hive went live, a general POA questionnaire was created for theatre staff to complete with their patients, however the Cataract team at Withington found that it was slightly too complex for their 'high volume, low complexity' service.

Unlike MREH, which treats patients who have complex medical requirements, the Cataract Centre is designed to **care for a significant number of patients who often have no additional needs.**

> " The generic questionnaire went into a bit too much detail for our service, so we changed it slightly to better suit our area of work.
>
> We made the new questionnaire a SmartText in Hive, allowing our staff to pull the questionnaire into the notes section in just one click. It has really helped to streamline everything! "
>
> **Frederic Camacho**
> Deputy Unit Manager, Withington Cataract Centre
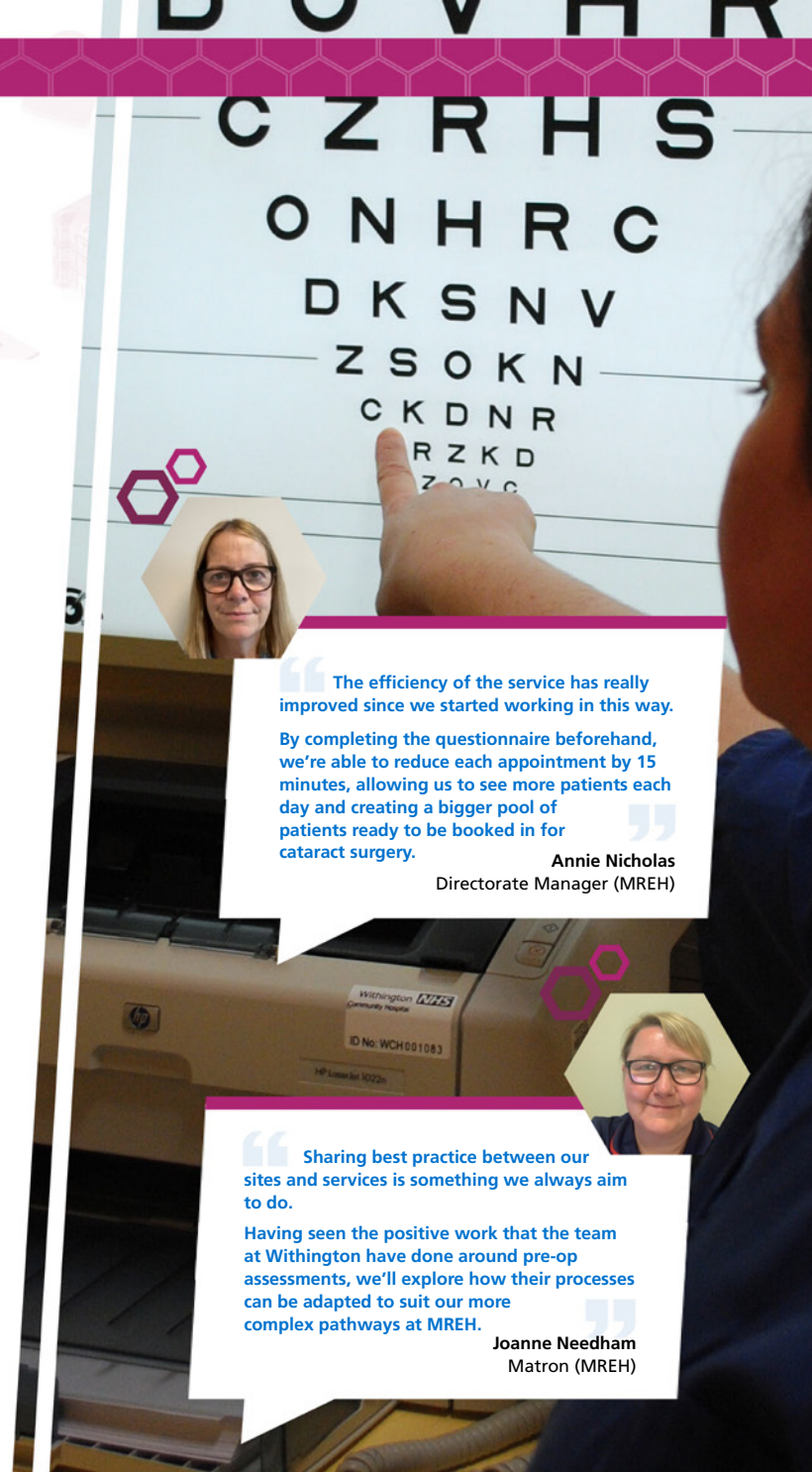
The journey continues...

As MFT's patient portal MyMFT grows in use, it is expected that more patients will fill in their POA questionnaire via the online portal or app in advance, **streamlining the process further and saving more nurse time.**

It's also hoped that the Cataract Centre's new, more efficient approach to the POA questionnaire can be adapted to suit wider services based at MREH.

> " The efficiency of the service has really improved since we started working in this way.
>
> By completing the questionnaire beforehand, we're able to reduce each appointment by 15 minutes, allowing us to see more patients each day and creating a bigger pool of patients ready to be booked in for cataract surgery. "
>
> **Annie Nicholas**
> Directorate Manager (MREH)

> " Sharing best practice between our sites and services is something we always aim to do.
>
> Having seen the positive work that the team at Withington have done around pre-op assessments, we'll explore how their processes can be adapted to suit our more complex pathways at MREH. "
>
> **Joanne Needham**
> Matron (MREH)

50%
Reduction

in pre-op assessment appointment time, which is made possible by pre-appointment questionnaires.

Hive Reflections

Peter-Marc Fortune, Consultant Paediatric Intensivist and Chief Clinical Informatics Officer at Royal Manchester Children's Hospital shares his EPR journey as Hive celebrates its first birthday at the country's busiest children's hospital…

In 2017, the opportunity to transform MFT services by implementing a fully Electronic Patient Record (EPR) was recognised at board level and we began the process of procurement. Whilst for many colleagues, the training that proceeded Go-Live on 8th September 2022 was their first encounter with Hive, for others, including myself, **it has been a six-year journey so far!**

Procurement was undertaken by a small team of us, which included clinicians, operational staff and IT colleagues, with **our contract with Epic being signed in May 2020.** We set our Hive Go-Live date as 4am on 8th September 2022 and moved rapidly to build the system.

This was clinically led, and most decisions were taken by speciality or pathway-focused teams, known as Rapid Decision Groups (RDGs), made up of multidisciplinary colleagues from across the Trust. They were focused on how we could **use Hive to support and transform our services to the benefit of both patients and staff.** Wherever possible, we sought to **eliminate variation in practice to improve safety,** efficiency and everyone's experience.

Over **100 RDGs were created, involving more than 1,500 colleagues who made 5,000 decisions** in the 18 months before Go-Live. In most cases, these were promptly made through a combination of pragmatism and compromise with overarching medical, NMAHP and clinical design authorities addressing cross-cutting decisions.

Many more colleagues became involved as we neared Go-Live, supporting training, managing data movement and offering peer support. **By this point, I realised that previous moves and mergers of children's services were a walk in the park compared to the deployment of Hive!**

Ready, Set, Go Live!

Hive went live at 5am on 8th September 2022, only 90 minutes later than planned two years before! Over Go-Live itself we had support from multiple other healthcare organisations, as well as over 390 Epic staff and 3,000 of our own Super Users. This was a challenging time for all and the gradient of the learning curve was almost vertical.

The challenge of maintaining safe clinical services whilst working in a completely new paradigm was exhilarating, stressful and occasionally frustrating, sometimes all at the same time!

However, many (if not all!) of those colleagues who experienced the greatest challenges have since reported back to me that they are now feeling the benefits that Hive is delivering and are excited about its massive future potential.

Today, I am proud to be working in the biggest, busiest children's hospital in Europe, at the largest UK Trust, with an international research reputation, underpinned by a world class EPR. We are only at the beginning of our journey with Hive. Much of this year has been spent familiarising ourselves with new ways of working and we continue to deploy new tools and support to improve how our teams use and get the most out of Hive.

The journey continues...

One year post Go-Live, we have already exceeded all expectations and achieved multiple key goals, in some cases placing us ahead of other UK organisations who have been live with Epic for several years.

The new opportunities I've seen for us are mind-blowing, especially in relation to the widespread adoption of our patient portal, MyMFT. Its potential to empower and support young people and their families to proactively take part in managing their conditions is huge.

We are also looking to improve Hive in terms of staff communications, clinical decision support and intelligent surveillance, which will support proactive intervention for vulnerable young people and their families.

Our hospital has made massive strides forward in the last few years and now we also have the digital infrastructure to support our dedicated and inspirational staff as they continue to deliver our hospital vision:
Our family, caring for yours.

A Deep Dive into
Manchester Royal Eye Hospital

An outpatient improvement journey

Setting the scene

As the second largest specialist eye hospital in the country, Manchester Royal Eye Hospital (MREH) carries out **3,200 outpatient appointments each week, accounting for 11.86% of all outpatient attendances across MFT in 2019/20.**
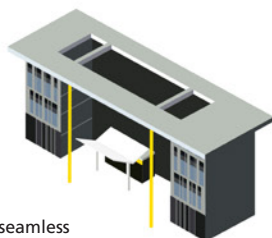
The scale of the operation at MREH meant that a seamless transition to Hive was always going to be difficult. However, a number of issues arose pre-Go Live that contributed to a challenging start, and ultimately paved the way for **a series of rapid improvement projects known as 'Sprints'.**

Hive goes Live

MREH's experience with Hive in the first few weeks, although extremely busy, was well-supported, meaning that **any issues raised could be fixed more quickly.**

> **The Go Live period was extremely resource heavy. We had support from Epic and NHS floor walkers, consultants were freed up from activity as Super Users, and managers were available around the clock to provide support.**
>
> **This meant issues were being raised and resolved very quickly through dedicated Hive Command Centres.**
>
> **Esther Rainbow**
> MREH Director of Business and Innovation (MREH)

An escalation governance process was in place throughout the Go Live period, however over time **issues became harder to fix and staff became frustrated that they were unable to deliver pre-Hive levels of clinical activity.**

To support colleagues through these issues, **consultants from each sub-specialty worked alongside MREH staff to detail areas for further improvement or training.** A plan to take this forward was agreed at both Hospital and Trust Senior levels with the support of Epic, Hive Transformation and Hive's Kaleidoscope (Ophthalmology module) teams.

> **We took a spreadsheet of issues and every related IT ticket to create a master document that housed every outpatient issue.**
>
> **With Epic's support, we agreed on what was a training issue or a quick fix; what spanned multiple modules and required more time; and what needed to be developed by Epic. This is where the 'Sprints' began.**
>
> **Jenette Darlington**
> Kaleidoscope Lead

> **Our first series of Sprints definitely informed how we do things now. While we achieved a lot, they also required a significant amount of operational, clinical and informatics resource. Moving forwards, we'll pause between each Sprint to evaluate, re-prioritise and review.**
>
> **Esther Rainbow**
> Director of Business and Innovation (MREH)

The Sprints

The MREH Sprints started a month after Go Live, with each Sprint including multiple changes. The number of items included in each depended on the intensity of the build change required in Hive and the operational requirements.

Throughout the Sprints, **MREH staff received regular communication from the senior leadership team to keep them updated on progress,** which also opened the door for continued feedback.

The Sprints achieved a significant amount in just eight weeks. **By the end of the last sprint cycle...**

61%
of changes were live in Hive

with a further...
11%
completed and awaiting sign-off.

Lessons learned

Following the first Sprint cycle, MREH have continued with the programme, developing their processes in Hive and improving the experience for staff and patients alike.

Many learnings have been taken from this first sprint cycle, when staff used a variety of methods to report issues and request changes, including Microsoft Teams, WhatsApp and email.

This had the potential to cause delays in resolving issues, and has now been replaced with a more streamlined approach. Clinical teams are now responsible for raising and risk-grading each issue through the Trust's IT Service Desk – putting the onus on clinical teams and ensuring that changes are coming from staff on the ground.

The journey continues...

Following the Sprints, it became apparent that many of the issues faced by MREH were not unique to their outpatient departments. **This led to a Trust-wide Outpatient Improvement Programme** developed by the Hive Transformation team.

The Outpatient Improvement Programme has taken several learnings from MREH's Sprint experience, particularly around Sprint methodology and staff engagement.

Since its launch, the programme has provided valuable learning opportunities and produced staff campaigns centered on the usefulness of key functions and processes in Hive – all with the aim of developing staff knowledge and thus improving the patient experience and flow across MFT's outpatient departments.

Hive
Powered by *Epic*

Hive Helps:
Enhancing how we care and work

Maternity and MyMFT

MyMFT is the Trust's new patient portal, which puts healthcare into the hands of MFT's patients. Using a mobile app, patients can access and manage their healthcare information, wherever and whenever they wish. This is especially useful for expectant parents who accumulate a multitude of letters, scans, results, medication and appointment details throughout their maternity journey. **MyMFT even has a dedicated Maternity Centre section, which features a range of need-to-know information and resources.**

The Trust currently sees **over 16,000 births each year across its Maternity services,** all of which are managed by Saint Mary's Hospital. Before the introduction of Hive and MyMFT, pregnant women would have kept all of this maternity documentation in a hard copy folder, which they would then need to carry around and take with them to appointments.

Today, these paper notes are a thing of the past, at least for those who choose to use the online portal. As expectant parents attend appointments, their care team will update their record within Hive. Patients can then access, review and manage this information using the Maternity Centre. **They can also use MyMFT to message their midwifery team directly,** with many expectant parents making use of this feature to seek quick advice, without the need to rely on unnecessary phone calls, and in some cases appointments.

The Maternity Centre has been developed in close collaboration with the Saint Mary's team to ensure that the portal captures the most useful information for MFT's maternity patients, making their journey as smooth as it can be!

In Basket is saving the MFT Radiology team

2-3 minutes

of clinical time per patient!

Task management using In Basket

Teams across the Trust have been making the most of Hive's 'In Basket' functionality to **improve operational efficiency and enhance patient safety.**

In Basket is a centralised location to manage and act on time-sensitive patient tasks such as **reviewing test results, updating documentation and finalising letters.** This couldn't be more different to the situation pre-Hive, where actions relating to patient care were recorded through emails, phone calls and paper notes - sometimes leading to delays in patient care.

As well as staff having access to their own personal In Baskets, **In Basket 'pools' also allow tasks to be sent to an entire service**, allowing them to be picked up and completed more efficiently.

EpicCare Link and the Community

The Manchester Local Care Organisation (LCO) and Trafford LCO bring together a wide range of community health, mental health and social care services in and around the city. Together, they represent the largest integrated health and social care workforce, with around 3,000 employees in roles such as community nurses, physiotherapists, occupational therapists, speech, and language therapists and more.

The scale and breadth of their work means that as Hive went live only some of these services (i.e. those that linked in closely with acute services) were moved into the Trust-wide EPR. The majority of services continued to use their own established record system, EMIS. Now however, those services that did not move over to Hive are still able to access key patient information, thanks to **EpicCare Link!** The EpicCare Link portal provides **quick and secure access to MFT's Hive system,** meaning that community colleagues have access to their patient's **discharge summaries, medication changes, notes, results and more!**

The portal updates in real time, and EpicCare Link users can also send and receive In Basket messages, which improves communication between everyone involved in a patient's care. As Hive continues to be embedded Trust-wide, this work also continues, improving connectivity and integration across community services.

Saint Mary's Hospital Main Entrance
↑ Manchester Royal Eye Hospital
↑ Manchester Royal Infirmary
↑ Patrick Cryne Building
↑ Grafton Street Car Park (via The Boulevard) P

Hive
Powered by *Epic*

Improving the Discharge Process
at Manchester Royal Infirmary

MFT serves a population of approximately 780,000 Manchester and Trafford residents, and **Manchester Royal Infirmary (MRI) is one of the country's largest acute hospitals.**

With over 1,700 beds at MRI, discharging patients quickly and safely is a significant operation, with varied information to document and share in order to facilitate a timely discharge.

Before Hive

Before Hive, documenting a patient's discharge information was particularly time-consuming, with staff relying on paper notes, whiteboards and verbal conversations to keep track of progress. With various departments often involved in a patient's care, it could **sometimes be difficult to know where the patient was on their journey.**

With Hive, MRI are hoping to improve the timely discharge of patients, and wards are already beginning to see the benefits.

Hive in action

With Hive, documentation has become standardised, not only at MRI, but Trust-wide. Hive's Discharge Navigator holds all information relating to a patient's discharge in one place, with the patient's full care team able to access and update information.

The Discharge Navigator supports discharge planning and patient flow, and comes with a range of benefits:

- Transparency of the full patient record
- Improved communication between teams
- Reduced need to enter information into different systems and spreadsheets

Expected date of discharge

The Expected Date of Discharge (EDD) is a key metric used to plan for patient discharge and has been standardised across MFT with Hive. Before Hive, there were various definitions and places to record EDD. Now, there is a single field to represent EDD, which can be easily located in the Discharge Navigator.

This field can be updated at any time, **providing staff with the visibility needed to prioritise discharge-related tasks** such as To Take Out (TTO) medication, which aids the discharge process.

For Ward Manager Kyle Carabini, Hive's Discharge Navigator has helped with patient flow through his ward.

> **The Discharge Navigator has really improved our flow. What's great is that staff can access the EDD, Discharge Pathway and Discharge Milestones and contribute at the point that's relevant to them. Being able to see information in real time rather than reading a handover document twice a day has been a game-changer.**
>
> **Kyle Carabini,** Ward Manager (MRI)

Board Rounds

Board rounds help wards to manage patients safely and effectively by **bringing together a multi-disciplinary team to review each patient, provide an expert opinion,** and ensure there is a plan in place for each day. This process has also been standardised with Hive. Pre-Hive, board rounds outcomes would be typed up by the nurse in charge and printed off for each handover. **This meant that this information was only updated once or twice a day,** with staff from specialty services often unable to attend rounds due to patients being spread across the hospital.

Now, using Hive's 'Interdisciplinary Team Rounding' view, all board round information is updated in real time, meaning **that staff involved in a patient's care have access to the latest data at the click of a button. This enables them to make safer and more effective decisions around flow.** Since Go Live, Transformation Manager Cheryl Fear (see right panel) has worked closely with staff at MRI to help them transition to carrying out board rounds and EDDs with Hive, following the national SAFER model.

The journey continues...

Early signs suggest that standardised discharge documentation is helping to support with the timely discharge of patients at MRI, however there are still improvements to be made. With Hive being relatively new, staff are still learning how to use the Discharge Navigator effectively, and Cheryl is impressed with how staff have adopted these new ways of working:

"It's been a learning curve, but all the wards I've worked with have really progressed, and that's evident in the length of time patients are now spending in hospital. Staff have been really engaged, and are regularly suggesting tweaks to the system that will improve the discharge process".

> **We've worked with staff to look at how board rounds and EDDs could be used more effectively with Hive. We're already seeing that patients are getting discharged quicker than before thanks to the improved communication and access to real-time information that Hive offers.**
>
> **Cheryl Fear**
> Transformation Manager

Future-proofing the Workforce

The digital future of Nursing, Midwifery and Allied Health Professionals

Leading digital change

As MFT embraces its digital future, Digital Nurses, Midwives and Allied Health Professionals (NMAHP) are **all playing a vital role in supporting and developing the organisation's digital maturity** through the Hive EPR programme.

With Hive being **one of the largest and most complex transformational projects in the history of the NHS,** a strong Digital NMAHP team was vital. Together, they would support the programme and act as the bridge between IT, Technical, and Clinical teams, as they all worked towards introducing the Trust-wide EPR system in September 2022.

The Digital NMAHP team was formed in June 2021 by Richard Cox, Head of Nursing for Digital Transformation, and from December 2021 was led by Chief Nursing Informatics Officer (CNIO) Jacqui Cooper. The team also consisted of a Head of Nursing for Digital Transformation, three Digital Nurses, two Clinical Educators, a Digital Matron, a Digital Midwife and a Digital AHP. **Jacqui Cooper** describes the team's initial formation:

"In the beginning the purpose of the Digital NMAHP team was to ensure MFT had a dedicated team to provide expertise and leadership for the Hive Go Live.
The team engaged NMAHP colleagues from across the Trust in the design and build of NMAHP documentation in order to ensure that it was fit for a digital system.

Delivering safe care in a digital environment was a priority for the team. We led decision-making for IT hardware, ensuring clinical teams had enough of the right hardware to support safe workflows in Hive."

The new digital team created opportunities for NMAHP staff that they may not have previously considered. Current Digital Nurse Deirbhle Breslin didn't hesitate to apply when she heard about the new roles, which were pioneering for MFT:

"Having worked at St Mary's Hospital for five years, the opportunity to work across the whole of MFT was really attractive to me. I knew how significant Hive was going to be and I wanted to make sure that it was designed to support nursing teams and becoming a Digital Nurse gave me that opportunity".

Playing a key role in Hive's implementation

The team played a key part in developing clinical processes during Hive's build, clearly communicating NMAHP needs to the technical teams in order to ensure that **Hive was delivered with staff in mind.**

Digital AHP Anita Castano was responsible for representing and communicating with the Trust's AHPs:

> I helped to bridge the gap between teams and was the main contact for AHPs across the Trust. I made sure to answer colleagues' Hive questions in a way they understood and that would reassure them.

Anita Castano, Digital Allied Health Professional

As the Hive lead for several Rapid Decision Groups (RDGs), Deirbhle was able to shape how Hive would look and work for clinicians, whilst making sure NMAHP colleagues were kept informed.

> The role of NMAHP in the RDGs was key. I could ensure the group prioritised changes from a clinical perspective so that they could be made before Go Live. I also led Change Management Projects to make sure clinicians knew as much as possible and were trained before Hive went live.

Deirbhle Breslin, Digital Nurse

During the Go Live period, the team provided expert, round-the-clock support, helping their NMAHP colleagues on the frontline while the CNIO and Group Chief Nurse provided leadership and governance as part of the Trust's central command centre, ensuring a focus on patient safety.

As confidence in Hive began to grow over time, the Digital NMAHP team's role shifted to leading and supporting groups across MFT. This included helping them to address more specific challenges and to develop specialist knowledge and competencies.

The team also collaborated with the Chief Nurse and Directors of Nursing across the hospitals to develop training masterclasses for senior NMAHP colleagues, helping them to embed digital working across the NMAHP network.

Hive
Powered by **Epic**

> There has always been an insistence that the team include nurses, midwives and Allied Health Professionals (AHPs). Their depth of experience not only reflects our wider organisation, but also our commitment to a safe and ongoing digital transformation. We have now reviewed our structure to include digital clinical facilitators who can support colleagues to use Hive in the most efficient way.
>
> Richard Cox, our Deputy CNIO, has also developed a digital career pathway for the team which really highlights the strengths and remit of the team. The pathway also provides guidance on career progression and the academic courses available to progress and enhance the roles in team.
>
> We are also working closely with our local universities to ensure the research agenda is inclusive of digital, whilst equally supporting our pre and post-registration students who will at some point be using Hive!

Jacqui Cooper, Chief Nursing Informatics Officer (CNIO)

Future-proofing the Workforce

The journey continues

As MFT begins to realise the benefits of Hive and digitally-enabled healthcare, the Digital NMAHP team has evolved, paving the way for combined digital and clinical professions across the NHS.

Over the past year, the team has grown and is now made up of 14 Digital NMAHP colleagues. See Jacqui's quote in the left-hand panel for more reflections on how far the team have come in that time!

In a highly digital world, i**t's important that nurses, midwives and Allied Health Professionals have colleagues who possess specialist digital knowledge** and are able to support services to embrace digital healthcare and the benefits that come with it.

Since becoming a Digital AHP almost two years ago, Anita has relished every moment, and believes more staff should consider working in digital roles.

> I've learnt so much during my time in this role, it's just brilliant. I've learnt about IT and how to build in Hive; delivered training and presented in front of people; built contacts and it's broadened my whole awareness of MFT and AHPs. I'd definitely encourage clinical staff to consider digital roles in the future.

Anita Castano
Digital Allied Health Professional

Digital NMAHP will be central to MFT becoming an exemplar in digital healthcare. Together, they will contribute to the development of professional practice, education and research, effectively future-proofing these professions and the patient care provided.

A More Efficient Operation

How Hive improves Theatre Utilisation at Royal Manchester Children's Hospital

Hive's improved scheduling system and the ability to share information in real time means that the Theatres team at Royal Manchester Children's Hospital (RMCH) is able to **utilise existing theatre lists more effectively and accommodate patients more efficiently.**

Before Hive

Before Hive, the anaesthetic team at RMCH didn't have access to an electronic system, so would fill out patient information using paper forms and a tick box system. This paper-based process meant that **information was not available in real time and required manual filing.**

Additionally, late cancellations would often result in unused theatre capacity, due to the absence of a real-time scheduling system. Staff relied on paper scheduling forms to plan theatre activity and back-fill cancelled operations. This paper process made it difficult to monitor theatre and bed capacity.

Hive in action

Hive's integrated scheduling function, **'Snapboard' has provided theatre staff with a clear overview of bed capacity in real time**, removing the reliance on paper and creating a more efficient means of scheduling. This easily accessible information has **allowed staff to effectively gauge how many operations can be completed and book more surgeries,** where possible.

> " Having access to theatre utilisation data in Hive has been great. We meet as a team at 8am and confirm our theatre capacity through the Snapboard, going ward by ward and accurately planning for the day's surgeries. "
>
> **Helen Fieldsend**
> Divisional Director for Surgery (RMCH)

Hive has contributed to a reduction in theatre late starts, which are minor delays to scheduled operation times. Before Hive, late starts were not centrally monitored, however with Hive staff can neatly categorise the reasoning for late starts, **allowing the Theatres team to assess the data and improve processes, where necessary.**

With Hive, Anaesthetists are also able to easily view the patient's medical history, making it easier for the team to identify any previous complications with medications and/or anaesthetics. As well as enhancing patient safety, this has also helped to ensure that surgery runs as efficiently as possible.

> " We've seen quite a few children who have come back to theatre since Hive went live, and it's really useful to be able to quickly access their previous anaesthetic records.
>
> Not only has this sped up the process but it also provides us with assurance around the child's reaction to the anaesthetic. "
>
> **Lucy Hartley**
> Consultant Paediatric Anaesthetist (RMCH)

The journey continues...

Hive has brought a number of benefits to Theatres at RMCH, but **work is ongoing to ensure that the system reflects the nuances seen in paediatric theatre lists.** This includes specific issues with recording data for paediatric surgery due to the unique challenges of putting children under anaesthetic (which skews start time data). The team are working closely with Hive technical colleagues to ensure that the system is tailored to their service, which should improve their data further.

The Theatre teams are also planning to use MyMFT for patient pre and post-operative questionnaires. Utilising **MyMFT's proxy access functionality will allow parents to complete medical questionnaires on their child's behalf** away from the hospital, saving clinical time and allowing for a more efficient theatre service.

> " As with every theatre, late starts are a major challenge, but Hive has been a great tool in understanding where we've had a late start; what the reason for it was; and if possible, give real time feedback to the team involved. This in turn has contributed to an increase in theatre utilisation. "
>
> **Helen Fieldsend**
> Divisional Director for Surgery (RMCH)

Hive
Powered by Epic

MyMFT in numbers

300k Registered Users

129k 'Active Users', making regular use of MyMFT

74% of logins from desktop

26% from mobile app

£300k estimated savings per year if just 20% of patients switch from paper appointment letters

40k+ questionnaires submitted via MyMFT

8,000 'Proxy Access' users, managing a dependent's care

My health, My information, MyMFT

Our new online patient portal arrived on the very same day as Hive - putting healthcare information directly into the hands of patients.

MyMFT provides patients with easy access to their healthcare information and more control over their care than ever before. MyMFT is fully integrated with **Hive**, giving patients an insight into their care, whilst also enhancing clinicians' connection with their patients.

Like Hive, MyMFT is also powered by Epic. This innovative new portal and mobile app is based upon the company's tried-and-tested '**MyChart**' technology, currently in use at a variety of Trusts all across the world.

To ensure MyMFT met patients' needs, it was designed in collaboration with a dedicated '**Patient Experience' Rapid Decision Group**. As such, the portal's design reflects input from dozens of clinical and non-clinical professionals, as well as patient group leaders.

An option for every patient

MyMFT is designed for **patients of all ages, backgrounds, and ability levels,** however it is important to remember that not everyone will want, or be able, to use a digital portal.

MFT continues to offer – and improve access to – more traditional forms of communication, such as phone calls, letters, emails, and texts, whilst also working to improve digital confidence levels, wherever possible.

App to the future!

While MyMFT can be viewed through a web browser, it can also be conveniently accessed using a mobile app. **This has revolutionised the way in which patients access and manage care at MFT,** allowing them to do so from any location and on-the-go.

MFT patients have downloaded the app over 300,000 times – a considerable milestone for an optional healthcare tool.

Help is at hand

MyMFT has created a whole new experience for patients and staff alike. To ensure that both groups feel supported, a number of helpful resources have been produced. **This includes a dedicated web hub,** (the Trust's 5th most visited web page in 2022), which introduces users to the portal and provides instructional guides and FAQs. A MyMFT helpdesk also launched to provide users with immediate support.

Refining the system

While MyMFT launched in a relatively feature-packed state, the system still has plenty of room for growth. Work to enhance the MyMFT experience will continue as areas for improvement are identified. **Over time, several new features will be made available** – providing patients with even more control over their care.

My experience with MyMFT

A major contributor to MyMFT and a beneficiary of the new system, Lesley Chan offers a multi-faceted perspective on this evolving patient portal.

The following case study demonstrates just some of the ways in which MyMFT has the power to positively impact the lives of patients, as well as their dependents, carers and loved ones. It highlights the experience of someone who is not only a healthcare professional, but also a mother to a profoundly disabled daughter.

This is Lesley's experience with **MyMFT...**

My daughter is considered profoundly disabled: she is a deaf/blind, multi-sensory impaired adult with a learning disability and autism. Over the course of 17 years, she's **received care at five different hospitals,** attending countless theatre visits and **undergoing numerous surgeries,** including open heart surgery.

As you can imagine, **an app like MyMFT has been a long time coming for a busy family like mine.** Balancing all of the appointments, letters, tests, diagnostics and occasional cancellations can be quite a challenge to keep on top of.

Thankfully, **MyMFT has streamlined so much of that process** and given us the type of shared care setup that we'd always hoped for. To be able to see all of her upcoming visits, which consultants will be involved and at what departments we're expected – all at a glance is just incredible. No more lost letters, or unnecessary confusion between myself and my partner: **everything is all here, neatly wrapped up in one app, and accessible by multiple family members and caregivers through Proxy Access.** It's perfect for handling our daughter's day-to-day care and synchronising which parent handles what.

In particular, we really appreciate that **you can use the eCheck-in feature to make doctors and nurses aware of any changes to our daughter's diagnoses list, medications etc, ahead of time.** It's also really reassuring to know that the doctor is being provided with information on my daughter's particular sensory needs, Autism, learning disability and so on. **Being able to add in some additional comments of our own also feels really empowering,** as we're essentially being given more input on our child's care.

It's also really great to be able to review, switch or cancel an appointment so easily, whereas before, it could sometimes feel like you were wasting valuable appointment time. At our two most recent hospital visits, neither of the doctors had treated our daughter before. In the past, this would mean spending even more valuable time reciting all of her information, and all without missing any small detail that could prove crucial (which could be really anxiety-inducing!).

Following our most recent appointment, **we also received an after-visit summary through the app,** which explained all of the new medications and a summary of everything that had happened, and all in a way that was easy for us to understand. Being able to revisit this info was also really helpful, as we made sure that we followed the doctor's instructions. **The app even allowed me to contact my daughter's GP to request a new medication right away,** as the clinical discharge had already made its way over to the app. **Being provided with maps to clinics and other relevant contact details for appointment is also really handy.**

Setting up our accounts was actually really easy, and the authentication and security steps were also reassuring, since we know that the info will be secure. In fact, **the whole experience has been a transformation for us, and a fantastic patient experience for our daughter too.** Following my recent experiences with my daughter I can say that I highly recommend MyMFT to others.

Lesley Chan
Mother, Matron and Lead for Hive Clinical Outpatients

Hive
Powered by *Epic*

Hive Helps:
Enhancing how we care and work

Epic Care Everywhere

With Epic Care Everywhere, staff across MFT' **10 hospitals sites can quickly and securely view the medical history of patients who have been treated at another Epic site** – even if they've never been treated at MFT before. This has meant that **clinical staff are now more aware of any previous diagnoses, allergies and medication** that the incoming patient may have – allowing MFT to deliver faster and safer care.

This is in contrast to the situation prior to Hive, when staff were required to contact the patient's previous care provider and ask for their record to be sent over, which took valuable time and could even delay patient care.

Staff and patients at Royal Manchester Children's Hospital (RMCH) have been reaping the benefits of this fast and secure sharing of health records since Hive went live in September. Since then, the **records of approximately 15,000 young people have been exchanged with Great Ormond Street Hospital (GOSH),** who implemented Epic in 2017.
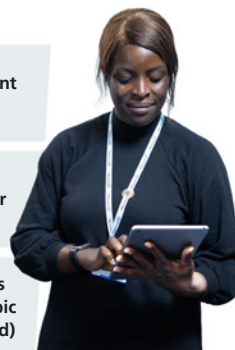
34k — patient records sent to other Epic sites

53k — patient records received from other Epic sites

19.5k — patients with records shared with other Epic sites (sent or received)

MyMFT Fast Pass and Re-scheduling Pilots

After just a few weeks, the Physiotherapy team involved in the pilot recorded that...

4,502 offers were made via the Fast Pass System (and counting)

557 patients rescheduled their appointments using MyMFT

298 patients accepted these Fast Pass offers, allowing them to be seen an average of 10 days sooner!

The MyMFT patient portal launched alongside Hive, and included several key features for patients, such as easy access to clinical letters and appointment details, along with the ability to attend video appointments and complete pre-visit questionnaires. Since then, the portal has been continually tweaked to **provide greater flexibility, as well as more options for patients.**

Since August 2023, new features have been piloted in select services. These include the **ability to reschedule appointments** through MyMFT, as well as a **'Fast Pass' system that identifies last-minute cancellations** and offers these slots to patients with later appointment dates. The pilot in MFT's physiotherapy service aims to **enhance scheduling for outpatient clinics** and has already seen **almost 600 appointments rescheduled in MyMFT and over 4,500 Fast Pass appointment offers made.** This gives patients more appointment flexibility and saves admin staff time that would be spent contacting patients to fill slots.

Tom Grimson, Physiotherapist and AHP Digital Transformation Lead said of the pilot: **"We feel lucky to have been 'first cab off the rank' with this innovative pilot, which uses Hive to its true potential. We're not totally replacing the pre-existing process but supplementing it to give patients much more choice, flexibility and control over appointments, and all at their fingertips".**

Complaints and Incidents

The real-time access to patient notes and other documentation that Hive provides has allowed teams across the Trust to manage formal complaints in a smoother and more efficient manner.

If a formal complaint was made by a patient pre-Hive, the Clinical Governance team had to request copies of physical paper notes, which would take days to arrive and heavily delay the process. Handwriting on these notes was often hard to decipher, leading to additional dialogue with clinical teams to clarify areas of uncertainty. With Hive, answering complaints is much more efficient.

Thanks to the availability of clear, time-dated documentation which follows the patient on their journey through the hospital, the Clinical Governance team are able to begin reviewing complaints as soon as they are submitted. At Manchester Royal Infirmary, **between 1-2 days is being saved per case** as the team no longer have to wait for physical notes to arrive – all thanks to the real-time data access Hive provides!

Make it Snappy!

Hive's positive impact on Clinical Photography

Bespoke process and reduced response time

MFT's Clinical Photography team help staff to monitor and diagnose conditions seen in patients and play an important part in the treatment planning process.

With Hive, this process is smoother than ever before, and diagnostic quality images are now easily accessible and safely stored in the patient's electronic record.
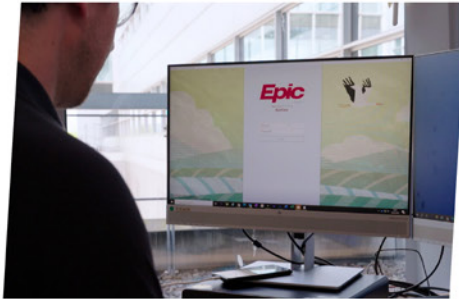
The introduction of Hive has allowed the Clinical Photography Team to develop **an improved workflow within Radiant,** Hive's imaging support application. This has put the patient at the forefront of the clinical photography service, improved the team's ability to respond to orders and **reduced response times by half compared to before Go Live.**

> " We're now able to address a lot more patients than we did before Hive went live. The new workflow; Rover devices; reduced paper processes and engagement with staff have all allowed us to improve our efficiency and offer a better service to staff and patients Trust-wide. "
>
> **Geraldine Thompson, Services Lead for Clinical** Photography and Medical Illustration services

25 Minutes

2x Faster

Image processing time reduced from 20 to 10 minutes per image, thanks to Hive!

Flexibility and easier access to images through Rover

As well as improving the Clinical Photography team's response rate and connectivity, ward staff are also seeing benefits thanks to the use of the portable Rover devices, which have **allowed staff to quickly and securely view clinical photos on-the-move or at the patient's bedside.**

With the support of Radiant Application Analysts, the Clinical Photography team have created a formula that allows for their diagnostic images to be compressed and uploaded to Rover devices without losing quality – something the team has become known for.

Reduced paper processes

The team used to rely on paper consent cards when getting patient consent for photos, which could be time consuming due to legibility of handwriting and missing patient information. Now, **a significant amount of time and paper is being saved** as information is input and accessed within Hive – removing legibility issues and **increasing the speed at which the team can access and act on the data.**

The journey continues...

Trust policy has also been rewritten to reflect the new digital workflows in imaging, and now provides guidance on when it is appropriate for staff to take patient photographs using Rover devices to capture diagnostic images prior to the clinical photographer attending.

Moving forwards, the Clinical Photography team will be monitoring adherence to the policy and the use of Rover to ensure that patient images taken by clinical staff are to the required standard.

> " Whilst the use of Rover has brought benefits for both our team and clinical staff, we are occasionally finding that poor quality images of patients are being taken and then uploaded to Hive's media tab.
>
> We are exploring ways to improve adherence to the policy – such as pop-up messages appearing on the Rover device and Hive system advising staff to seek clinical photography intervention before they take an image. "
>
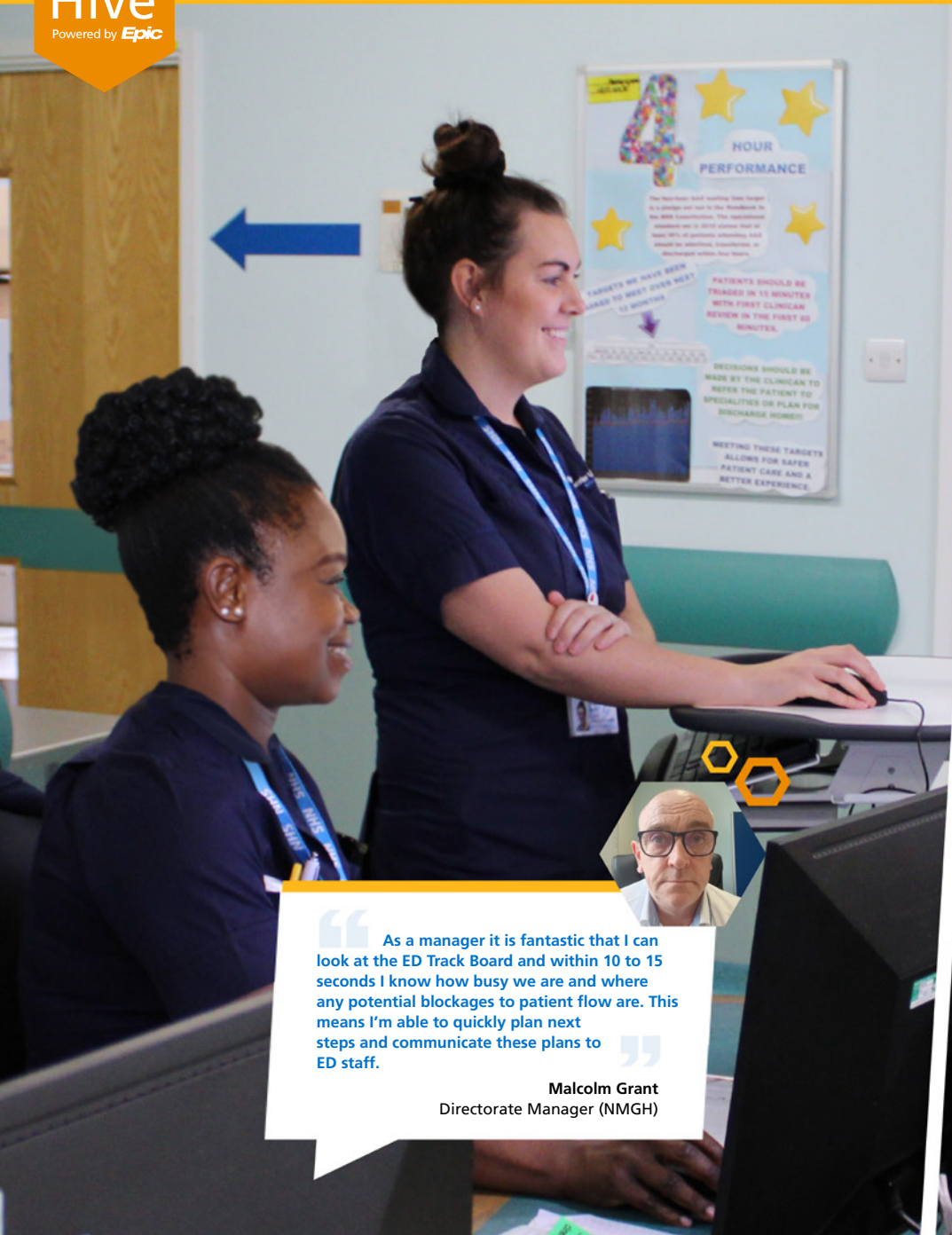> **Geraldine Thompson, Services Lead for Clinical** Photography and Medical Illustration services

Real-time Patient Data

Data visibility at North Manchester General Hospital's Emergency Department

North Manchester General Hospital's (NMGH) Emergency Department (ED) sees 115,000 patients per year. This fact alone makes the **safe and efficient flow of patients through MFT' services vitally important.**

Hive provides timely and integrated access to admission, discharge and transfer (ADT) data which means **that staff can plan ADT activity more effectively and improve the patients' journey** through these services. **Staff at NMGH are already seeing the benefits.**

Before Hive

Prior to Hive, bed capacity management relied on the manual collection and sharing of bed status, which **took up valuable staff time and resulted in out-of-date information** being used to support decision making when admitting or transferring a patient.

The use of multiple systems and paper processes to monitor and manage bed capacity could impact patient flow, with **staff having to rely on paper notes, whiteboards, and spreadsheets to capture information** and plan for upcoming ADT activity.

Real-time data visibility was also limited, as patient information was not available digitally until the patient had left ED and their paper records were scanned into the system, which could take up to 72 hours.

> " **As a manager it is fantastic that I can look at the ED Track Board and within 10 to 15 seconds I know how busy we are and where any potential blockages to patient flow are. This means I'm able to quickly plan next steps and communicate these plans to ED staff.** "
>
> **Malcolm Grant**
> Directorate Manager (NMGH)

> " **The visibility of patient data in Hive has absolutely had a positive impact on patient flow. Being able to see discharge orders and EDDs (Estimated Discharge Date) has helped bed managers to follow up on discharges, and we can now see every contact a patient has with the clinical staff.** "
>
> **Catherine Bartlett,**
> Deputy Divisional Director in Urgent Care (NMGH)

Communication could also be challenging. For instance, when faced with busy wards and patients requiring support, phone/email messages could be difficult for staff to respond to promptly, further impacting patient flow.

Hive in action

Since Hive went live, staff have had real-time access to up-to-date patient information, allowing them to plan effectively for discharges.

Patient data is now visible across the whole patient pathway and ADT requests are all in one place, which helps staff to make more informed decisions. Hive has allowed for the development of a Super Patient Transfer List, which captures patient flow delays in real time, ensuring discharge teams can focus on areas that require the most support.

For Catherine Bartlett, a Deputy Divisional Director in Urgent Care, access to accurate and dynamic information has improved the speed and efficiency in which patients move through NMGH. (See Catherine's full quote above)

Multiple data-driven dashboards are available within Hive, meaning that **Senior Leadership Teams have a full overview of patient movement through the hospital.** They can analyse data from capacity and ED Track Boards in real time to better inform decisions when it comes to patient movement.

The journey continues...

Moving forwards, the team at NMGH will continue to work closely with the Hive team to improve and develop Hive's data visibility and functionality.

There are also **early plans in place to allow staff to identify data outliers** without going into each patient's record manually.

Let's
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with
Hive
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