**Hive EPR GP briefing: 9th September**

**Hive is live**

We are excited to announce that Hive went live on Thursday 8th September. Our new Electronic Patient Record solution enables MFT to hold a single Trust-wide record for each patient, across our hospital sites and services. A significant amount of planning has gone in to ensure a smooth Go Live period. However, given the complexity of the project, we will inevitably face challenges in the first few weeks.

To help alleviate any issues that arise, we will have a robust governance structure in place to ensure processes are followed and patient safety is upheld. At the forefront of this is a 24/7 Command and Control Centre structure that allows us to maintain full management of issues during this period.

The delivery of safe and efficient patient care remains our priority, and the introduction of Hive will only serve to improve this objective. Through patient communications including posters, leaflets and online we are asking patents to **“please bear with us”** if things are slightly slower as staff start using the new system. To support patient communication, we have **attached a digital copy** of our patient leaflet for you to share.

We will continue to provide updates via the established channels during the Go Live period, as required, to ensure you are informed.

**Escalating any Hive issues**

We understand that there may be local issues you may encounter that directly link to the changes being made at MFT in introducing our new EPR. To support you in this we will work directly with your locality teams to ensure your issues are dealt with quickly and by the right team as part of our Hive Command structure.

**Please continue to use your routine escalation process and escalate issues to locality teams as they will have a direct route to escalate to Hive Command.**

**Safeguarding Children – Discharge Summaries Update**

As part of the new Hive system, the discharge summaries from the Emergency Departments for children are printed and posted to Primary Care partners, School Nurses and Health Visitors after a child attends.

Unfortunately, we have identified that two ‘fields’ are missing in the new discharge summaries, so staff are not able to document who accompanied the child or whether there were any safeguarding concerns in a clearly identified part of the form. We have prioritised this and will resolve this issue within approximately 10 days recreating the two missing fields.

As an interim solution to mitigate this risk, ED clinicians will manually input the information using free text within the ‘Comments’ field which will ensure the text appears in the ‘notes’ section of the discharge summary.

Thank you for your ongoing support

**MyMFT – Our new Patient Portal**

MyMFT, our new online portal for MFT patients went live with Hive. **MyMFT** is Manchester University NHS Foundation Trust’s (MFT) new patient-facing portal. Last week we shared with you a tip sheet for GPs with more information about how you can access MyMFT information by using “Share Everywhere”.

This week we’ve included our Hive sign up poster to encourage patients who are visiting MFT to sign up to the portal. You can find further information about MyMFT on our website <https://mft.nhs.uk/mymft>

**Radiology Update - X-Ray Walk-in Service**

As a result of Hive going live, we are re-introducing a walk-in service for plain film work on Monday 12th September 2022 which will operate on all MFT sites between the hours of 8:30am and 3:30pm Monday to Friday (Exc. Bank holidays.) Outside of these times, appointments are available on a limited number of sites by prior arrangement – please call 0161 746 2096, Mon – Friday between 8:30am – 4:30pm to book.

Patients will have 28 days following referral to attend for imaging after which time referrals where patients do not attend will be cancelled off the system and this will be evident on ICE. We will send a cancellation letter to the referring GP.

Images for patients attending for a walk-in service are reviewed by the radiographer acquiring the images but not routinely ‘hot reported’. Any urgent pathology identified by the radiographer will be flagged to a radiologist to report. If the patient is presenting with an acute medical issue (e.g. Trauma, suspected osteomyelitis etc) then a referral to A&E may be more appropriate.

Please note; Our current reporting turnaround for GP work is 7-10 days, (12.08.22, this is subject to change due to workload impact.)