Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	29th March 2022	**Level(s)**	Foundation, Core, Specialty
Type of visit	Triggered (Virtual)	**Hospital**	Aberdeen Royal Infirmary
Specialty(s)	Haematology & Clinical Oncology	**Board**	NHS Grampian

Visit Panel	
Dr Marie Mathers	Visit Chair – Associate Postgraduate Dean (Quality)
Dr Kerri Baker	Training Programme Director
Dr Edgar Brincat	Foundation Programme Director
Dr Aaron Taylor	Trainee Associate
Professor Lorna McKee	Lay Representative
Mrs Jennifer Duncan	Quality Improvement Manager
In Attendance	
Mrs Gaynor Macfarlane	Quality Improvement Manager

Specialty Group Information	
Specialty Group	Foundation
Lead Dean/Director	Professor Clare McKenzie
Quality Lead(s)	Dr Geraldine Brennan & Dr Marie Mathers
Quality Improvement Manager(s)	Mrs Jennifer Duncan
Unit/Site Information	
Trainers in attendance	13
Trainees in attendance	15 (FY-5, IMT-1, ST-9)

Feedback session: Managers in attendance	Chief Executive	0	DME	0	ADME	0	Medical Director	0	Other	23

Date report approved by Lead Visitor	26/04/2022 Dr Marie Mathers 02/05/2022 Professor Clare McKenzie

1. Principal issues arising from pre-visit review:

Following review and triangulation of available data, including the NES Scottish Trainee Survey, a virtual Deanery visit was arranged to Haematology and Clinical Oncology at Aberdeen Royal Infirmary. This visit was requested by the Foundation Quality Review Panel in November 2021.

NTS Data (2021)

F1 Medicine – Lime Flags – Educational Governance, Reporting Systems.
F2 Medicine – Pink Flag – Feedback.
F2 Medicine – Red Flags – Facilities, Induction, Overall Satisfaction, Rota Design.

IMT – Green Flags – Adequate Experience, Curriculum Coverage, Reporting Systems.
IMT – Lime Flag – Supportive Environment.

Specialty Clinical Oncology – All Grey.
Specialty Haematology – All Grey.

STS Data (2021)

Foundation Clinical Oncology – All Grey.
Foundation Clinical Oncology – Aggregated Pink Flag – Induction.
Foundation Clinical Oncology – Aggregated Red Flag – Handover, Workload.

Foundation Haematology – Pink Flag – Handover.
Foundation Haematology – Red Flags – Educational Environment, Induction, Teaching, Workload.

IMT – Green Flags – Induction, Workload.

Specialty Clinical Oncology – All Grey.
Specialty Haematology – All Grey.

At the pre-visit teleconference the visit panel agreed that the focus of the visit should be around the areas highlighted in the survey data and pre-visit questionnaire.

Department Presentation:

The visit commenced with Dr Rafael Maleron and Dr Gavin Preston providing a verbal update on the configuration of the unit, areas that are working well, areas for improvement and the impact of COVID-19 on working arrangements in the department.

2.1 Induction (R1.13):

Trainers: Trainers reported that there are a number of inductions which take place across the different training groups. All training grades are provided with a comprehensive induction to haematology and oncology including Hospital@Night (H@N) and are also provided with an electronic handbook. ST trainees undertake a one-month induction when they join the department, this provides full exposure to oncology prior to their first on-call. Foundation trainees undertake a half day induction and anyone new to the hospital is provided with a corporate induction. Trainers are aware induction has been flagged within the national training survey (NTS) and Scottish training survey (STS) however comments received within the department have been relatively positive. They acknowledged that although they feel induction works well that there may be room for improvement and recognise the importance of gathering regular feedback to enhance the trainee experience. Feedback gathered locally has indicated that including a tour of the ward by the physician's associate (PA) instead of a consultant would be beneficial and this will be included in the next round of inductions.

Foundation Trainees: Trainees reported being provided with a virtual hospital induction which was felt to be inadequate should it be your first time working in the hospital. They also felt that although departmental induction was of good quality a half day was not enough to prepare them for working in the department. They commented that this is due to the department being very specialised and therefore impossible to cover all aspects. They suggested a full day induction would be more beneficial however also recognise the difficulties this may cause on the ward. Trainees commented on feeling overwhelmed with the level of responsibility they have; they were unclear of their all aspects of the duties they are expected to undertake including roles and responsibilities and felt they had to learn on the job. They did however commend the level of support provided by the ST trainees and physicians' associates. Comments were also made regarding the use of electronic notes and its quick implementation which was a significant learning curve.

IMT & ST Trainees: Trainees confirmed having received both hospital and departmental induction which were of good quality. ST trainees advised that departmental induction takes place over a month with no on-call which is of great benefit to their training and education.

2.2 Formal Teaching (R1.12, 1.16, 1.20)

Trainers: Trainers described a dedicated ST haematology teaching programme with sessions taking place on a Friday morning. Sessions consist of tutorials and presentations and include consultant guidance. Teaching is linked to the national teaching programme which allows trainees the opportunity to gain external presentations. There are also weekly journal clubs which take place on a Tuesday. Oncology set up a national training programme 18-month ago for ST trainees which takes place on a Friday afternoon with contributions from medicine and oncology consultants from across Scotland. Trainers commented that on-call can stop trainees attending however sessions are recorded and available for a period of 6-months. A programme of weekly teaching sessions has been created for Foundation trainees these cover a wide variety of topics and sub-specialties which has been well received and work is ongoing to ensure teaching is easily accessible. There is fortnightly oncology specific teaching for foundation trainees which is registrar led and trainees are encouraged to link into the haematology teaching programme. Foundation and IMT trainees also have ‘boot camp’ days scheduled into the rota.

Foundation Trainees: Trainees reported attending a few formal teaching sessions and 3-4 departmental teaching sessions since commencing in post. Non-attendance is due to timing of teaching or very busy workload. Regional teaching is recorded but trainees must catch up on this in their own time. They commented on an unhappiness from consultants at their non-attendance however do not believe they are unaware of conditions and pressures on the ward that stop them attending. Trainees have raised concerns with trainers regarding not being able to attend teaching and were informed they should be more assertive and leave the ward.

IMT & ST Trainees: Trainees reported one hour of haematology teaching per week on a Friday. Oncology teaching also takes place on a Friday but is not held every week. Other teaching activities they can attend are multidisciplinary team meetings and journal clubs. Trainees confirmed being able to attend half of the national haematology teaching sessions and almost all the oncology teaching sessions. Ward workload, on-call and being bleeped can affect attendance. Sessions are recorded but trainees report that they often have to catch up in their own time.

2.3 Study Leave (R3.12)

Trainers: Trainers reported no issues with the study leave process.

Foundation Trainees: Not asked, no concerns raised in pre-visit questionnaire, not relevant for F1.

IMT & ST Trainees: Not asked, no concerns raised in pre-visit questionnaire.

2.4 Formal Supervision (R1.21, 2.15, 2.20, 4.1, 4.2, 4.3, 4.4, 4.6)

Trainers: Trainers reported that they all have adequate time within their job plan for supervision roles. All trainees are allocated an educational and clinical supervisor, and, in some instances, trainers undertake a dual role.

Foundation Trainees: Trainees confirmed having designated educational supervisors who they have met and set educational objectives for the post.

IMT & ST Trainees: Trainees confirmed having a designated educational supervisor who they meet formally a few times per post. They work directly with consultants who provide frequent informal teaching, educational opportunities and feedback.

2.5 Clinical supervision (day to day) (R1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 2.14, 4.1, 4.6)

Trainers: Trainers described arrangements for the provision of clinical supervision during the day and out of hours across both sites. In hours foundation and IMT trainees are supervised by ST trainees with consultant contactable for support if required. Out of hours support is provided by the on-call oncology or haematology ST from home, they come into the hospital as and when required. There is also an on-call consultant at home who can be contacted if necessary. They believe the wards are well supported by the senior team and have received no feedback raising any concerns regarding levels of supervision. There are also clear escalation policies. They are not aware of any instances where trainees of any grade have felt they have had to work beyond their level of competence.

Foundation Trainees: Trainees reported being aware of who to contact for clinical supervision during the day and out of hours. They stated they have had to work beyond their level of competence and commented on being used as scribes during the day with very little consultant contact and when working out of hours they perform way above their level of competence. F2s described occasions where they have had difficulties in accessing the on-call registrars with some who will not come in when called. Some STs are however very helpful. They find that they have had to utilise the hospital registrar who has been very helpful in some difficult situations. F2s provide cross cover OOH in haematology, oncology and stroke which is felt to be chaotic. The stroke ward is on the opposite side of the hospital which in an emergency is a patient safety issue. This issue has been raised with the department and hospital consistently over many years with no real action taken. Trainees commented that the F2 training experience is much worse than the F1 experience.

IMT & ST Trainees: Trainees reported clear details of clinical supervision on the rota with consultants also available on the phone. They stated that consultants are approachable and supportive. They felt that they do work beyond their level of competence. Examples were provided in oncology who have good supervisors however trainees are managing the ward and cases that are far out with their area of expertise. They also provide cross cover for haematology and regularly get haematology calls when on-call to which they are not equipped to answer, they find this stressful and of no educational value to their training. Inevitably they must contact the on-call haematology consultant for support, who are always very helpful. Oncology trainees share a similar experience in providing cross cover for haematology and suggested that calls should be made directly to relevant specialty on-call. Trainees also commented that more often than not they are contacted overnight which results in

interrupted sleep which affects their ability to function when working day shift the next day. They are required to undertake a few of these shifts a month.

2.6 Adequate Experience (opportunities) (R1.15, 1.19, 5.9)

Trainers: Trainers reported difficulties in clinical oncology with access to rare tumour types. External help is provided for this and trainees can spend up to 8-month of their rotation in Glasgow. Most areas of the haematology curriculum can be covered on site, trainees are again sent to Glasgow for alginate stem cell transplant. The general foundation competences are considered to be well covered, with trainees able to develop practical procedures on the ward. Due to the nature of the ward and complexity of patients there are less opportunities for foundation trainees to access generic leadership opportunities. Trainers stated that it can be hard to balance the time trainees spend developing as a doctor however trainee perception of this is also a factor to their unhappiness. Often trainees believe that blood testing and cannulation are non-educational tasks when in fact these are important duties. Trainers recognise that trainees will undertake more of these routine tasks out of hours as there are less people to assist. Trainees do however still get opportunities to gain relevant experience and spend time with patients learning more about history and practical procedures. The wards are supported by physicians' associates (PAs) and advanced nurse practitioners (ANPs).

Foundation Trainees: Trainees reported having no difficulties in achieving learning outcomes for the posts. They agreed the post allows them to develop skills and competence as they are dealing with very unwell patients however believe that the F1 role at the weekend fails to meet learning needs. They also felt that a significant amount of training time is wasted doing for example 10-15 PICC line bloods. They commented that the ST workload is very heavy, with some happy to provide support, learning opportunities and help build confidence. Teaching opportunities are not provided by consultants in haematology however some oncology consultants on ward rounds are happy to discuss cases.

IMT & ST Trainees: Trainees reported difficulties in achieving some competence in haematology. The haematology post is made up of blocks, 2 months in the ward and 2 months in clinic. Due to staffing shortages trainees are moved from clinic blocks to one of the other 3 areas (ward, day unit, laboratory) therefore they are lacking in clinic exposure. Trainees commented that when in oncology they should spend 1 in 8 weeks on the ward however they are in fact spending 1 in 3 or 4 weeks on

the ward and are struggling to take part in research or audit projects. They all agree that the post supports development of acute skills on the ward.

2.7 Adequate Experience (assessment) (R1.18, 5.9, 5.10, 5.11)

Trainers: Trainers stated that there are opportunities for trainees to obtain portfolio assessments. Trainers encourage trainees to gather assessments throughout the year and not leave until the end of a post. Weekend ward rounds are excellent opportunities for foundation and IMT trainees to present patients and get feedback.

Foundation Trainees: Trainees commented that very few of their assessments have been obtained from consultants and in fact over 80% are provided by ST trainees. They commented that on-call supervisors are the only consultants who know who the junior trainees are, although the juniors see their patients on a daily basis, consultants do not speak to juniors they wait for the ST to start ward rounds. Some ST trainees recognise that juniors are not involved in discussions and specifically ask the juniors to present cases. It was noted that this is not the case in oncology where consultants stay on the ward after ward rounds and can be approached about cases or to discuss management plans which are good teaching opportunities. Trainees reported a high patient turnover in oncology where some registrars encourage and are happy to help foundation trainees obtain case-based discussions (CBDs) and Mini-CEX assessments.

IMT & ST Trainees: Trainees reported no concerns in obtaining workplace-based assessments.

2.8 Adequate Experience (multi-professional learning) (R1.17)

Trainers: Not asked, no concerns raised in pre-visit questionnaire.

Foundation/IMT/ST Trainees: Not asked, no concerns raised in pre-visit questionnaire.

2.9 Adequate Experience (quality improvement) (R1.22)

Trainers: Not asked, no concerns raised in pre-visit questionnaire.

Foundation/IMT/ST Trainees: Not asked, no concerns raised in pre-visit questionnaire.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers reported that there is a structured process for providing feedback. At ward rounds cases are discussed with junior and middle grade trainees and often these can be turned into teaching opportunities. Cases are also discussed through CBD assessment process.

Foundation Trainees: Trainees reported that they do not always get feedback on clinical decisions during the day or out of hours. Some commented on seeking out feedback. They have witnessed consultants and pharmacists laughing and making fun of prescribing trainees have done over a weekend, this made them feel anxious and demoralised. Trainees stated that they do not have access to Chemocare and suggested read only access would be useful as drug changes happen frequently and are informed to staff via e-mail however foundation trainees are not included.

IMT & ST Trainees: Trainees reported no concerns in obtaining structured and helpful feedback which is very useful and received on a daily basis.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers reported on a 6-monthly meeting as part of teaching that has been introduced for ST trainees. This is an open forum where trainees can discuss all aspects of the training programme and different parts of the service so improvements can be made to enhance the learning experience. In oncology there are 8 ST trainees who spend a lot of time with consultants if they engage there are excellent opportunities for teaching and feedback. There are also monthly educational governance meetings to which trainees are invited to attend the second half.

Foundation Trainees: Trainees reported being asked to feedback back on induction and the rota but have not been asked to feedback on training. Trainers sometimes ask how trainees are finding working on the ward. Trainees also commented on raising issues with supervisors regarding weekends which were acknowledged but no formal feedback provided.

IMT & ST Trainees: Trainees reported that they can feedback informally on the ward to trainers on the quality of training. They have also met with their training programme director (TPD) and clinical director to discuss difficulties in achieving bone marrow competence in the lab. They stated they are invited to attend educational governance meetings which take place monthly to which trainers are responsive and issues acted upon with the exception to issues raised regarding the ward situation.

2.12 Culture & undermining (R3.3)

Trainers: Trainers stated that they are a supportive group of consultants and the department is friendly and open. They are not aware of any concerns regarding bullying or undermining. Should trainees have any concerns they believe they offer a safe environment for discussion and regularly chat with trainees. Team conflicts are taken seriously and addressed quickly.

Foundation Trainees: Trainees reported they are not aware of any instances of bullying. They stated if they had any concerns, they would discuss with ST trainees in the first instance as they have good relationships with most.

IMT & ST Trainees: Trainees reported that consultants are supportive and approachable. They have no concerns regarding bullying and undermining. They commented that they are unsure how to raise concerns regarding bullying and undermining however are sure there will be a pathway to approach this.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers stated that the rota accommodates learning opportunities and there are currently no gaps in the rota. There are days allocated within the junior rota where they are set free from wards. The haematology and oncology rotas have dedicated time for IMTs and STs to attend clinics and radiotherapy.

Foundation Trainees: Trainees reported an SHO gap from December – February which was an extremely busy and difficult time for all. They stated that the rota now has an extra SHO which has made a notable difference. Haematology and oncology rotas both had gaps which were filled in February. The rota is very unbalanced, and it was felt that work could be done on this to utilise staff in

a better way to ease pressures. They commented that the rota also contains a lot of 7 day stretches which comprise of 4 long days before a weekend, by the end of the 4 days they feel they are not functioning properly. Trainees also commented on being forced to cover rota gaps at extremely short notice with no regard for personal circumstance and if they question this are told that if shifts are not covered patients will suffer as a result.

IMT & ST Trainees: Trainees reported that there are a few gaps in the rota, one due to maternity leave, one out of programme, one acting up and one sick leave. The rota is an 8-person rota however is running with a complement of 4 trainees. Attempts have been made to fill gaps with locum appointments however were unsuccessful. Trainees commented that oncology had many positives however the resilience of the department is down to the ST trainees. They stated that the rota had failed monitoring as trainees were not finishing on time. They felt that there are aspects of the rota that accommodate learning opportunities.

2.14 Handover (R1.14)

Trainers: Trainer reported regular handovers at the end of the day to the night team and from the night team to the morning team and also H@N handover. There is also a formal handover once a week in haematology where all patients are reviewed. They recognise time pressures on handover and that this may limit learning however they do believe there are still some learning opportunities within handovers.

Foundation Trainees: Trainees reported formal handovers taking place between day to night team and day to evening team. Handover to the night team involves the whole hospital and is not a good use of time as most of the discussion is not relevant. It was felt that due to the specialised nature of haematology and oncology that handover would be better conducted face to face rather than virtually. Difficulties were also noted when ANPs or seniors bring in patients from the community and trainees are not told about them arriving or provide with any background.

IMT & ST Trainees: Trainees reported that there is no formal handover, electronic handover is not reliable and informal ward handovers can sometimes be used as a learning opportunity.

2.15 Educational Resources (R1.19)

Trainers: Not asked, no concerns raised in pre-visit questionnaire.

Foundation/ST Trainees: Not asked, no concerns raised in pre-visit questionnaire.

2.16 Support (R2.16, 2.17, 3.2, 3.4, 3.5, 3.10, 3.11, 3.13, 3.16, 5.12)

Trainers: Not asked due to time constraints.

Foundation Trainees: Trainees commented on oncology as a supportive and accessible programme with well-structured support.

IMT & ST Trainees: Trainees reported that support is available to them if they are struggling. A few trainees provide examples and commended the department for the support they received.

2.17 Educational governance (R1.6, 1.19, 2.1, 2.2, 2.4, 2.6, 2.10, 2.11, 2.12, 3.1)

Trainers: Not asked due to time constraints.

Foundation Trainees: Covered in previous sections.

IMT & ST Trainees: Trainees reported that they can raise concerns regarding the quality of training with clinical and educational supervisors and at educational governance meetings as described previously.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers reported that all staff are encouraged to use the datix system should they have any patient safety concerns. They can also raise concerns through the clinical governance meetings and trainees are encouraged to speak with their educational supervisor. Trainers offer an open-door policy for junior trainees should they have any concerns they can also raise concerns through the managerial team who they are introduced to at the start of the post.

Foundation Trainees: Trainees commented that morning handover from nights is not an ideal set up and is a patient safety concern, this issue has been raised with no change. A dispute was also described on a night shift which involved a very unwell patient needing to be kept in a side room and a huge pressure being placed on the foundation trainee to move the patient, this was escalated to the on-call ST and consultant and resolved.

IMT & ST Trainees: Covered above.

2.19 Patient safety (R1.2)

Trainers: Trainers reported that there are regular safety huddles on the wards each morning to monitor patient safety.

Foundation Trainees: Trainees reported that on days where there are enough staff care in the department is very good however on days with low cover there is a worry that things are missed. Trainees commented on daily ward rounds at 2pm to monitor patient safety.

IMT & ST Trainees: Trainees stated they would be a little concerned if a friend of family member were admitted to the ward due to the level of consultant input.

2.20 Adverse incidents & Duty of Candour (R1.3 & R1.4)

Trainers: Trainers reported that incidents and near misses are discussed at the clinical governance meeting to which trainees are invited to attend the second half. There is also a quality assurance group in radiotherapy however this is not something trainees are invited to attend.

Foundation Trainees: Trainees commented on an incident relating to a death, this was raised with the educational supervisor however no conclusion was met, there was no debrief and no learning from the incident.

IMT & ST Trainees: Trainees commented on being aware of the datix system for reporting adverse incidents and monthly morbidity and mortality meetings and educational governance meeting which

discuss and learn from these incidents. They commented that almost all of the consultant workload is out-patient based.

Note: One IMT trainee was present at the ST trainee session they felt that they would have been better place in the foundation session as they work the same rota and have a similar training experience. They did not feel able to comment within the ST session however were able to relate to comments made.

2.21 Other

Overall Satisfaction Scores:
Foundation – 6/10.
IMT & ST – 6.44/10.

3. Summary

Is a revisit required?	**Yes**	**No**	**Highly Likely**	**Highly Unlikely**

The panel commended the engagement of the site and medical education team in supporting the visit. The panel recognise the significant impact staffing levels are having across the training grades and acknowledge efforts made to recruit to gaps. The panel noted an engaged and supportive group of trainers. Highlights of the visit were the protected one-month induction for ST trainees and the level of support from ST trainees to junior trainees including provision of assessments. The key areas for improvement relate to induction, teaching, assessments, feedback and handover. An action plan review meeting will be arranged 6 months post visit where the department will be given the opportunity to show progress against the requirements listed below.

Positive aspects of the visit:

- Engaged and supportive trainers. This was highlighted by ST trainees who feel they are getting a good experience and constructive feedback on a day-to-day basis.
- The department provide a good workplace culture and there is openness amongst colleagues.
- Clear lines of escalation with no concerns raised regarding bullying or undermining.

- The department offer a comprehensive programme of teaching and experiential learning opportunities for ST trainees.
- ST trainees commented on a very good protected one-month induction programme which they feel equips them well for the post.
- ST trainee input is highly valued by the FY cohort. Particular highlights were the level of support provided on the wards, willingness and encouragement in completing assessments and providing opportunities to undertake procedures such as lumbar punctures.

Less positive aspects of the visit:

- Understaffing at all levels is having a negative impact on all grades of trainee. Often trainees are working beyond rostered hours, choosing between their own wellbeing and patient safety. Comments were made regarding trainees being forced to cover gaps at short notice.
- There should be no expectation for trainees to catch up on recorded teaching in their own time.
- There is a lack of consultant engagement with FY cohort on the ward and in completing mandatory assessments. This activity is more often undertaken by ST trainees.
- Ward based induction for foundation trainees does not prepare them for the role. A more comprehensive induction is required which provides details of roles, responsibilities and how to fulfil duties on the wards for each sub-specialty.
- The department should look at how they can better involve foundation trainees in the department and team structure.
- Handover arrangements during the day and out of hours should be reviewed including how these can be used as learning opportunities for all training grades.
- There are limited opportunities for Foundation trainees to receive feedback on patient management because of very little contact with consultants. Often management plans are changed without their knowledge or involvement.

4. Areas of Good Practice

Ref	Item	Action
4.1	ST trainees commented on a very good protected one-month induction programme which they feel equips them well for the post.	
4.2	ST trainee input is highly valued by the FY cohort. Particular highlights were the level of support provided on the wards, willingness and encouragement in completing assessments and providing opportunities to undertake procedures such as lumbar punctures.	

5. Areas for Improvement

Areas for Improvement are not explicitly linked to GMC standards but are shared to encourage ongoing improvement and excellence within the training environment. The Deanery do not require any further information in regard to these items.

Ref	Item	Action
5.1		

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Departmental induction must be provided which ensures trainees are aware of how to fulfil their duties and all of their roles and responsibilities and feel able to provide safe patient care. Handbooks or online equivalent may be useful in aiding this process but are not sufficient in isolation.	Immediate	Foundation and IMT
6.2	There must be active planning of attendance of doctors in training at teaching events to ensure that workload does	Immediate	ALL

	not prevent attendance. This includes bleep-free teaching attendance. Trainees should not be expected to complete this teaching in their own time.		
6.3	Doctors in training must not be expected to work beyond their competence.	Immediate	ALL
6.4	There must be senior support, including from consultants/recognised trainers to enable doctors in training to complete sufficient WPBAs/SLEs to satisfy the needs of their curriculum	Immediate	Foundation and IMT
6.5	Foundation and IMT trainees must be given the opportunity to be an effective member of the multi-professional team by promoting a culture of learning and collaboration between specialties and professions.	20th January 2023	Foundation and IMT
6.6	A process for providing feedback to Foundation and IMT doctors in training on their input to the management of acute cases must be established and feedback provided from incidents recorded on the Datix system. This should also support provision of WPBAs.	20th January 2023	Foundation and IMT
6.7	All references to “SHOs” and “SHO Rotas” must cease.	20th January 2023	Foundation and IMT
6.8	Handover processes must be improved to ensure there is a safe, robust handover of patient care with adequate documentation of patient issues, senior leadership and involvement of all trainee groups who would be managing each case. Including written or electronic documentation.	20th January 2023	ALL