

London North West Healthcare NHS Trust

Haematology

Risk-based Review (on-site visit)



Quality Review report

07 July 2016
Final Report

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Quality Review details

Background to review	<p>General Medical Council National Training Survey (GMC NTS) 2015 results indicated that the Trust had 26 red outliers overall, with the following red outliers generated in haematology: 'supportive environment' and 'regional teaching'. Additionally, there was one pink outlier generated in haematology in 'feedback'.</p> <p>The last visit conducted by Health Education England to North West London Hospitals NHS Trust was on 14 December 2014, where a Specialty Focused Visit took place of haematology and surgery at Northwick Park (NWP) and Central Middlesex Hospital (CMH) sites. The visit team identified that some excellent progress had been made in developing a consultant-led service and that trainees were engaged and received good teaching. The department was commended for its multi-disciplinary team ethic.</p> <p>Although progress had been made in the department, the visit team found that trainees had exceptionally high workloads and that there was a lack of cover for staff. The visit team heard that the department was awaiting the development of two additional consultant posts in 2015.</p> <p>The purpose of this Risk-based Specialty Review was to establish the future of the service level agreement (SLA) between Ealing Hospital and The Hillingdon Hospitals NHS Foundation Trust and how this would affect training at both NWP Hospital and Ealing Hospital. The visit team also aimed to assess the absence of trainees due to being on Out Of Programme Experience, along with the increased and already high workload in the department. Furthermore, there had been major shifts in the pathology services in Northwest London under Shaping a Healthier Future and the ramifications on training and education were to be investigated.</p>
Specialties / grades reviewed	<p>The visit team had the opportunity to meet with a number of trainees within haematology at the Northwick Park Hospital site during the Risk-based Specialty Review. Additionally, the visit team met with the clinical lead for haematology, the lead educational supervisor for haematology and a number of haematology consultants.</p>
Number of trainees and trainers from each specialty	<p>The visit team met with three haematology trainees from specialty training (ST) grades 1-3 and 4-6.</p>
Review summary and outcomes	<p>The visit team thanked the Trust for accommodating the visit.</p> <p>Overall, in the Risk-based Specialty Review, the visit team noted the following positive areas:</p> <ul style="list-style-type: none"> • The trainees reported that all consultants were very supportive and could be accessed at any time, including at weekends. Additionally, the trainees highly commended non-medical staff, specifically nurses and secretaries. • The visit team was very pleased to see ongoing improvement in teaching and training. The visit team recognised the ongoing achievements of Dr Fatts Chowdhury and the further support provided by consultants. • The dedicated teaching programme was found to be outstanding and very comprehensive. • Both the breadth and depth of experience within the department was found to be very comprehensive and had the potential to deliver excellent training. <p>However, the visit team noted the following areas for improvement:</p> <ul style="list-style-type: none"> • There was a need for the department to prioritise appropriate administrative support for trainers and trainees, in particular the lead educational supervisor, in order to sustain the improvements made (e.g. as the department had previously done for multi-disciplinary team meeting support). • The visit team identified concerns regarding the balance of service

	<p>provision and training. The visit team advised that this should be monitored by the department, given the increased workload within NWP Hospital and wider service provision reconfigurations, including those at Royal Free London NHS Foundation Trust and Ealing Hospital. The visit team found it to be positive that the Trust had recognised the need for additional consultants but suggested that these efforts must be sustained going forward due to ongoing complexities in service provision.</p> <ul style="list-style-type: none"> • In time, Health Education England required the Trust to provide a strategy regarding the SLA between Ealing Hospital and The Hillingdon Hospitals NHS Foundation Trust and the impact of this on training.
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Quality Review Team			
Lead Visitor	Dr Sarah Hill, Head of the London Speciality School of Pathology	Deputy Lead Visitor	Dr Martin Young, Deputy Head of London School of Pathology
Lead Provider Representative	Dr Nina Salooja, Consultant Haematologist, Imperial College Healthcare NHS Trust	Haematology Representative	Dr Varun Mehra, Haematology Representative
Scribe	Heather Lambert, Quality Support Officer		

Findings

GMC Theme 1) Learning environment and culture		
Standards		
<p>S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.</p> <p>S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.</p>		
Ref	Findings	Action required? Requirement Reference Number
H1.1	<p>Patient safety</p> <p>All of the trainees interviewed reported that there were no adverse patient safety concerns and the supervision of trainees in the department was excellent. The trainees stated that patients were regularly discussed and reviewed and that there was significant senior input with patient care.</p> <p>All of the trainees reported that they would recommend the haematology department to friends and family for treatment at the Trust.</p>	
H1.2	<p>Serious incidents and professional duty of candour</p> <p>The trainees reported that clinical incidence training formed part of their induction; this included incident reporting and transfusion management of major haemorrhage.</p>	

	<p>The trainees informed the visit team that Datix training was accessible through materials provided during the induction, although this was not a formal part of the induction process. The visit team heard that Datix was accessible via the intranet and that all of the trainees were aware of how to complete this.</p> <p>The visit team heard that there was a mixed approach within the department to providing feedback on incidents. Some trainees recalled an occasion in which an incident had been filled in and no feedback was provided to the trainee. On the other hand, one trainee reported that they were involved in a multi-disciplinary debrief of a serious incident and that they were satisfied with the feedback that they received. The educational supervisors stated that there was a lead in place to manage Datix incidents and that feedback was provided to trainees, either through a follow up email or in person.</p>	Yes, see H1.2 below
H1.3	<p>Appropriate level of clinical supervision</p> <p>The trainees stated that the higher trainee and consultants were easily accessible in clinics and that they could be found in designated rooms. The trainees reported that there were always consultants on the wards, particularly the outlying ward. The trainees reported that between 10pm – 9am a ST4-6 trainee would be available, although usually off-site. Consultants were reported as hands-on with laboratory work and the trainees described one consultant specifically as an asset to the department.</p> <p>All of the trainees interviewed agreed that they worked in close proximity with consultants. The trainees commented that often consultants would provide support to trainees unprompted and that there was never a situation in which a consultant would not support a trainee if they were asked.</p> <p>The consultants reported that on a Monday morning they would discuss with the trainees each patient that was in chemotherapy. All of the consultants interviewed agreed that trainees were adequately supervised on the wards and that there was always a laboratory consultant that trainees could go to for support.</p>	
H1.4	<p>Taking consent</p> <p>The educational supervisors stated that trainees were required to complete training and to be signed off before they were able to give chemotherapy prescriptions. It was reported that if trainees were not signed off, consultants would countersign prescriptions.</p> <p>The visit team heard that all consent for bone marrows was signed for by consultants.</p>	
H1.5	<p>Rotas</p> <p>The clinical lead for haematology reported that at the time of Health Education England's (HEE) visit in December 2014, the department had been operating a one in eight rota and that staff had been working five twilight shifts in a row. At this time the departmental rota had not been compliant with the European Working Time Directive (EWTD).</p> <p>The clinical lead for haematology reported that the department had been operating a one in nine rota for over one year, and that twilight shifts had been split into blocks of two and three days.</p> <p>A formal diary card exercise had been completed since HEE's visit in 2014, although the department had missed the most recent diary card exercise in May 2016. The outcome of this exercise evidenced that the department was not EWTD compliant by 22 minutes. The lead education supervisor commented that this was a result of staff sickness.</p> <p>The visit team heard that as the department only had seven trainees, locums had to</p>	Yes, see H1.5 below

	<p>be used in order to operate the one in nine rota. The lead educational supervisor stated that locums were used only at nights and weekends, and that twilight shifts were covered by the Trust's specialty training (ST) grade 4-6 trainees, for which additional time was paid. The lead educational supervisor stated that trainees volunteered to do this extra time and were not forced to do so.</p>	
H1.6	<p>Induction</p> <p>All of the trainees reported that they had received an induction; this comprised a half day Trust induction and a two day departmental induction. Additionally, trainees were provided with a formal timetable, contact information and a handbook. The trainees reported that in their induction they were informed of whom to approach for their workplace-based assessments.</p>	
H1.7	<p>Handover</p> <p>The visit team heard that the entirety of the haematology department met for the Monday morning handover. This handover covered: all current patients in the department; issues that had arisen from the weekend; patients that had been discharged the previous week, and; patients that were planned to come in, including patients for chemotherapy.</p> <p>The trainees reported that a daily handover commenced between 4 – 5pm; this included the handover of daily issues and any arising matters for that evening. Additionally between Monday – Friday, the ST4-6 trainee on the late shift (10am – 10pm) would handover at 9.30pm in the haematology office.</p> <p>The visit team heard that handover to the night shift would often be via telephone. The trainees commented that this had become standardised practice and that this handover worked well. The trainees reported that no patients were lost as a result of the departmental handover.</p>	
H1.8	<p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p>All of the trainees agreed that the work undertaken in the haematology department provided a breadth of exposure to varied learning opportunities. The trainees identified a number of consultants that had delivered very good teaching.</p> <p>The visit team heard from the educational supervisors that informal feedback was provided to trainees daily, was delivered in a constructive manner and, if necessary, was delivered in private.</p>	
H1.9	<p>Protected time for learning and organised educational sessions</p> <p>The trainees informed the visit team that there was a formal weekly teaching programme; this included teaching on laboratory, coagulation, pathology and video links to CMH. In addition to this, the department held formal dedicated teaching sessions Tuesday – Friday before 9am that lasted between 30 – 60 minutes. All of the trainees agreed that the formal morning teaching was brilliant and confirmed that this was bleep free. Further to this, the educational supervisors reported to have received good feedback from trainees, particularly for microscopy.</p> <p>All of the trainees reported that there were a vast number of opportunities for learning within the department; however, some commented that service provision had, at times, prevented them from taking full advantage of this.</p>	

GMC Theme 2) Educational governance and leadership**Standards**

S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.

S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.

H2.1	<p>Impact of service design on learners</p> <p>The visit team heard that the haematology department was split into two halves, malignant and non-malignant, and that consultants only worked in one half at a time. The trainees reported that the department consisted of a day care unit, chemotherapy unit, 12 bed haematology ward and two general medical wards, one of which was for outliers. It was reported that the outliers ward had on average 4 – 20 patients, although the trainees cited occasions on which there had been 30 outlier patients. The trainees reported that there was no dedicated ward for non-malignant patients.</p> <p>The clinical lead acknowledged that office space had previously been raised as an issue by trainees. It was stated that the site did not have a different room the trainees could be moved to, but a change in the roles of two of the trainees had meant that they were usually on the wards and therefore not all trainees required access to the trainees' office space at one time. The visit team acknowledged the difficulties in allocation of additional space given the expanding workload.</p> <p>The clinical lead for haematology confirmed that the service level agreement (SLA) which shared the haematology service between Ealing Hospital and The Hillingdon Hospitals NHS Foundation Trust continued to be in place. The clinical lead stated that, as a result of the Trust having two operational haematology departments (Northwick Park Hospital (NWP) and Ealing Hospital) that worked entirely separately from one another, the department was red on the Trust's risk register. Furthermore, the clinical lead reported to the visit team that this did pose a clinical governance risk to the Trust. The visit team heard that this issue had been flagged to the Trust's chief executive on a number of occasions.</p> <p>The clinical lead for haematology confirmed that there was an intention for Ealing Hospital and NWP Hospital to move towards one merged department. The visit team heard that emergency pathways had been merged between the two operational departments. However, the clinical lead expressed that this had caused some difficulties in service provision.</p> <p>The clinical lead for haematology stated that NWP Hospital contributed towards the payment of one consultant post and 2.6 trainee posts whole time equivalent (WTE) at The Hillingdon Hospitals NHS Foundation Trust; however, these posts were not on call at NWP Hospital.</p> <p>The visit team heard that there had been a 20% increase in the workload of the haematology department in 2014-15, in comparison with 2013-14. Over five years the department had experienced a 120% increase in workload. The clinical lead for haematology reported the increase in workload had been magnified in specific areas, including: clotting; general practitioner (GP) referrals; acute service reviews such as women's services, as well as emergency department (ED) referrals, which was perceived by the clinical lead to result partially from the ED closure at Chase Farm Hospital.</p> <p>The visit team heard that in January and February 2016 the Trust had agreed to</p>	Yes, see H2.1 below
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	<p>expand the total number of posts in the haematology department. Despite this, the visit team felt that the increasing complexity of the workload in the department meant that the Trust needed to sustain their ongoing review of staffing needs. Furthermore, the visit team felt that the impact of service reconfigurations in both haematology and other specialties, both locally and at wider geographical level, needed to be reviewed to determine the impact upon training.</p>	
H2.2	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p>The visit team heard that there were frequent trainee meetings held with the lead educational supervisor. These lasted between 30 – 60 minutes and usually were minuted and registered when there was sufficient attendance.</p> <p>All of the trainees agreed that they felt involved in and part of the management process. The educational supervisors reported that trainees did not attend departmental management meetings; however, education was on the formal agenda for these meetings.</p> <p>The visit team heard that trainees attended monthly clinical governance meetings, which also included staff members video linked from Central Middlesex Hospital (CMH). It was reported that education matters were discussed at clinical governance meetings as they arose, although they were not on the formal agenda.</p> <p>The visit team felt that there was a disconnect between the trainees and trainers' views regarding local faculty groups (LFGs). The educational supervisors stated that LFGs were held at the end of clinical governance meetings and were attended by trainees. On the other hand, the trainees did not recognise these meetings as a formal LFG.</p> <p>The lead educational supervisor reported that no haematology trainees had been invited to attend the faculty meetings held every two to three months that were ran by the DME. Furthermore, both the trainees and educational supervisors confirmed that there was no local trainee representative for haematology.</p>	Yes, see H2.2 below
H2.3	<p>Organisation to ensure time in trainers' job plans</p> <p>All of the educational supervisors agreed that they had time in their job plans to provide clinical supervision.</p>	
H2.4	<p>Organisation to ensure access to a named educational supervisor</p> <p>All of the trainees confirmed that they had access to an educational supervisor. The visit team heard that educational supervisors each had responsibility for one to three trainees. It was reported that one educational supervisor was part-way through training and another had been signed off. The lead educational supervisor commented that the department would hope to have one to two trainees per trainer in the future.</p> <p>The trainees reported that they met with their educational supervisors every two to three months formally. On the other hand, the educational supervisors stated that they met with trainees at least once a month to provide formal feedback, although this was not always documented.</p>	
H2.5	<p>Systems and processes to identify, support and manage learners when there are concerns</p> <p>The educational supervisors reported that the methods of identifying and addressing trainees in difficulty within the department were good and stated that this was made easier due to the small size of the department.</p>	

	The visit team heard that there was a consultant meeting every Monday following handover. This was not attended by trainees and provided the opportunity for consultants to share information on trainee performance, including the identification of any concerns or trainees who may have required additional support.	
GMC Theme 3) Supporting learners		
Standards		
S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.		
H3.1	<p>Access to resources to support learners' health and wellbeing, and to educational and pastoral support</p> <p>The trainees reported that there were some incredibly supportive consultants within the department who were accessible. The visit team heard that there was a team atmosphere within the department and that consultants would always stay late with trainees. The trainees identified a number of individuals both within and outside of their department who they felt they could go to for support.</p> <p>All of the trainees agreed that they felt valued members of the team. The trainees reported that the morale in the department had improved; however, they felt that they could not speak for all of the haematology trainees, some of whom were not present.</p>	
H3.2	<p>Behaviour that undermines professional confidence, performance or self-esteem</p> <p>The trainees present reported no incidents of bullying and undermining behaviour, with a supportive environment described by all trainees.</p>	
H3.3	<p>Academic opportunities</p> <p>The visit team heard from the lead education supervisor that trainees had been involved in a number of academic opportunities including: attending conferences, re-writing protocols for Ealing Hospital and NWP Hospital, and attending clinical governance meetings. Furthermore, it was reported that four of the trainees had carried out auditing and that the other three trainees were awaiting audits.</p> <p>The trainees reported that the formal weekly teaching programme included a departmental journal meeting, where trainees had the opportunity to present a case study or academic paper. The visit team heard that this was well organised and well attended.</p>	
H3.4	<p>Access to study leave</p> <p>All of the trainees reported that they had been able to access their study leave and had attended external learning opportunities, such as transfusion teaching and provision courses. The trainees commented that during training days consultants would take the bleep from trainees, and that consultants encouraged trainees to attend despite how few staff were left on the ward.</p> <p>All of the trainees reported that they were able to take their annual leave without difficulty and that they perceived the lead educational supervisor to be proactive in managing this.</p>	

H3.5	<p>Regular, constructive and meaningful feedback</p> <p>The trainees reported that feedback on performance was built into the workplace-based assessments and that this offered the trainees the opportunity for debrief. The trainees also commented that particular consultants would provide ad hoc informal feedback. The trainees agreed that feedback was largely immediate. In addition, the histopathologist responsible for reporting haematopathology was praised by the trainees for giving constructive and meaningful feedback.</p> <p>Some of the trainees had identified one individual who, on occasion, had failed to provide feedback in a constructive manner. However, the trainees commented that this had not happened in the latter part of the academic year.</p>	
<p>GMC Theme 4) Supporting educators</p>		
<p>Standards</p> <p>S4.1 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.</p> <p>S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.</p>		
H4.1	<p>Access to appropriately funded professional development, training and an appraisal for educators</p> <p>The educational supervisors reported that they had completed training offered by HEE and the Lead Provider. All of the educational supervisors stated that they had been appraised against the GMC standards.</p>	
H4.2	<p>Sufficient time in educators' job plans to meet educational responsibilities</p> <p>The educational supervisors all agreed that there was time in their job plans to meet their educational responsibilities. However, some of the educational supervisors stated that, on occasion, clinical commitments were stretched in order to ensure that education responsibilities were fulfilled.</p>	
H4.3	<p>Access to appropriately funded resources to meet the requirements of the training programme or curriculum</p> <p>Some of the educational supervisors stated that educational administrative support for the department was limited and that they would benefit from further administrative support. The lead educational supervisor commented that in addition to managing a full-time clinical workload they were required to complete the rota, organise locums, organise annual leave, type minutes and that they had conducted the most recent induction single-handedly. The lead educational supervisor stated they did not feel able to ask administrators to support with these tasks as the administrators already had high workloads. The visit team heard that this was a Trust-wide issue and not specific to haematology.</p> <p>The educational supervisors commented that the multi-headed microscope was an excellent learning resource. However, the visit team heard that NWP Hospital did not have its own journal resource and that it would be of great benefit for both trainers and trainees to have access to journals. All of the educational supervisors agreed that the journals required were not well reflected in local libraries due to their specialist nature. The visit team heard that the consultants had to email relevant journal pages to the trainees each week.</p>	<p>Yes, see H4.3 below</p>

GMC Theme 5) Developing and implementing curricula and assessments		
Standards		
S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.		
S5.2 Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.		
H5.1	<p>Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum</p> <p>The visit team heard that the experience offered within the department was of great breadth and depth. This included varied specialist services, including vascular and hyper-acute strokes. Furthermore, the trainees reported that they attended clinics at CMH every Tuesday, with haemoglobinopathies in the morning and paediatric haematology in the afternoon.</p> <p>All of the trainees reported that they were aware of the assessments required of them. The trainees agreed that the opportunities within the department had enabled them to fulfil their personal learning goals.</p> <p>The educational supervisors reported that all HEE/regional training days were attended by trainees and that the trainees were always released from clinical duties to attend, even if last-minute changes in training occurred.</p>	
H5.2	<p>Opportunities for interprofessional multidisciplinary working</p> <p>The trainees identified many opportunities for multi-disciplinary working and commented that the weekly multi-disciplinary team (MDT) meeting held within the department was very good, safe and provided varied learning opportunities.</p> <p>All of the trainees agreed that there were a number of outstanding non-medical staff that they worked with. The nurses and matron were described by trainees as phenomenal. Additionally, the administrative support in the secretary's office and clinical administrative support were all highly commended, particularly for their ability to deal with matters appropriately and not burden the trainees.</p>	
H5.3	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>The haematology department was reported to be operating with seven consultants, five locums, nine specialist/senior nurses and seven ST3-6 trainees. The educational supervisors reported that trainees worked on average 50 hours a week.</p> <p>All of the trainees commented that they did not feel it appropriate to conduct MDT meeting data entry, with some trainees commenting that this could take up to two and a half days to complete. The trainees stated that although initially this task was of value, after two months this value had diminished.</p> <p>The clinical lead for haematology stated that the Trust had previously recruited a full-time coordinator for the MDT meetings. The coordinator input a large amount of data which therefore freed up some time for trainees. All of the trainees highly commended the MDT coordinator and expressed that they felt this system worked. The visit team heard that the coordinator had recently left the post, although funding</p>	Yes, see 5.3 below

	<p>for the post remained.</p> <p>The trainees reported that clinics were very busy and that patients would continue to be seen until the clinic was finished. The trainees cited occasions on which they had been called to come back to the clinic at 5/6pm because there were still a large number of patients waiting. The visit team heard that the trainees had, at times, received persistent calls to return to the clinic; however the trainees commented that they perceived consultants were reluctant to do this. All of the trainees reported that the consultants were hands-on and would remain at the clinic with trainees until closure. The trainers indicated that there was no formal requirement for the trainees to attend clinics but they were encouraged to do so for clinical experience.</p> <p>The trainees reported to the visit team that there was a high workload and, at times, service provision came at the expense of educational and training opportunities. However, the trainees stated that they appreciated that efforts had been made to address this issue through the appointment of additional consultants, and that this had somewhat reduced the strain of service pressures.</p> <p>It was reported by the trainees that locum consultants had come to the department in two waves, in October 2015 and March 2016. All of the trainees stated that there were notable decreases in workload as a result of this and, although in the last two months there had been improvements in their workloads, pressures were still apparent. The outlying ward was identified as the busiest of the wards and the trainees commented that, on a rare occasion, ward rounds would start at 6pm.</p> <p>On the other hand, the trainees felt that the teaching within the department had increased alongside the workload. Therefore trainees were highly exposed to opportunities.</p> <p>The lead educational supervisor reported that wards were busy as the departmental rota was always down by two trainees. As a result, trainees would not always be able to attend clinics. Furthermore, when trainees did attend, there was not always a room for them to work from due to an increase in consultant numbers. The educational supervisors all acknowledged that the trainees needed to regularly attend clinics and the clinical lead for haematology stated that they were aware that training elements addressed in clinic may have been missing for some trainees.</p>	
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Good Practice and Requirements

Immediate Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	N/A		

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
H1.2	The Trust is required to review and give formal feedback on all clinical incidents.	The Trust is required to submit six months of LFG minutes to evidence trainee satisfaction with regards to feedback on clinical incidents.	R1.3
H1.5	The Trust is required to ensure that all trainee rotas are EWTD compliant. A diary	The Trust is required to submit a diary card exercise for the haematology	R1.12

	card exercise should take place and the results reviewed, with actions being put in place to resolve any issues raised.	department and emails to trainees reminding and encouraging them to participate in diary carding.	
H2.2	The Trust is required to ensure that all trainees attend regular LFGs and are aware of which meetings constitute an LFG.	The Trust is required to submit six months of LFG minutes, a programme of dates for LFGs and a register of attendance.	R2.7

Recommendations

Req. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
H2.1	It is recommended that the Trust keeps the London Speciality School of Pathology informed regarding the service level agreement between Ealing Hospital and The Hillingdon Hospitals NHS Foundation Trust and the impact of this on training.	The Trust should provide regular updates regarding the SLA and its impact on training and education.	R2.3
H4.3	It is recommended that the Trust prioritises appropriate educational administrative support for trainers and trainees, in particular the lead educational supervisor, in order to sustain the improvements made.	The Trust should provide a plan of how they will provide administrative support.	R4.3
H5.3	It is recommended that the Trust recruits into the multi-disciplinary team coordinator post with urgency.	The Trust should provide an update on the recruitment of the multi-disciplinary team coordinator post.	R5.9

Other Actions (including actions to be taken by Health Education England)

Requirement	Responsibility
N/A	

Signed

By the Lead Visitor on behalf of the Visiting Team:	Dr Sarah Hill
Date:	23 August 2016